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*           A T T E N T I O N
*
*   THESE POS RECORD SPECIFICATIONS WERE
*   PRODUCED FROM OUR DICTIONARY AT THE
*   SAME TIME AS THE POS DATA FILE THAT
*   YOU REQUESTED. YOU MAY WISH TO CHECK
*   THESE SPECIFICATIONS TO SEE IF ANY
*   CHANGES HAVE OCCURED SINCE YOUR RECEIPT
*   OF ANY PRIOR DOCUMENTATION.
*
*   FILE CREATION DATE = 04/03/2006
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1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 1

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 SHORT TERM 02 LONG TERM 03 RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTIONS 04 PSYCHIATRIC 05 REHABILITATION 06 CHILDRENS 07 DISTINCT PART PSYCH HOSPITAL 11 CRITICAL ACCESS HOSPITALS	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 01 HOSPITALS	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS	1	44	44	C	PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.
COBOL NAME: SSA-COUNTY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) 00011 CAHABA 00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (DELAWARE) 00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN	5	125	129	C	PROV0605

00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00230	BLUE CROSS (MISSISSIPPI)				
00231	BLUE CROSS (LOUISIANA)				
00241	BLUE CROSS (MISSOURI)				
00250	BLUE CROSS (MONTANA)				
00260	BLUE CROSS (NEBRASKA)				
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE				
00280	BLUE CROSS (NEW JERSEY)				
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00366	HIGHMARK MEDICARE SERVICES				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVT SERVICES				
00454	USG CALIFORNIA				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00511	CAHABA				
00883	PALMETTO				
00952	WPS - ILLINOIS				
00953	WPS - MICHIGAN				
00954	WI PHYSICIAN SERVICES - MN				
01390	AETNA (WASHINGTON)				
17120	HAWAII MEDICAL SERVICE ASSOCIATION				
31140	NATIONAL HERITAGE (CA)				
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)				

31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)

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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					

PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					

PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					

PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					

PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					

RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			

REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.					
COBOL NAME: REGION					

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO

06	VI	DALLAS
07	VII	KANSAS CITY
08	VIII	DENVER
09	IX	SAN FRANCISCO
10	X	SEATTLE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
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INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION	2	180	181	C	PROV3230
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STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA

MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NV					NEVADA
NY					NEW YORK
OH					OHIO
OK					OKLAHOMA
OR					OREGON
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS

18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
24	MINNESOTA				
25	MISSISSIPPI				
26	MISSOURI				
27	MONTANA				
28	NEBRASKA				
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					

COBOL NAME: STREET-ADDRESS
 TELEPHONE NUMBER 10 237 246 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					

TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1	INITIAL			
	2	RECERTIFICATION			
	3	TERMINATION			
	4	CHANGE OF OWNERSHIP			
	5	VALIDATION (ACCRD)			

TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
VALUES:	01	VOLUNTARY NON-PROFIT - CHURCH			
	02	VOLUNTARY NON-PROFIT - PRIVATE			
	03	VOLUNTARY NON-PROFIT - OTHER			
	04	PROPRIETARY			
	05	GOVERNMENT - FEDERAL			
	06	GOVERNMENT - STATE			
	07	GOVERNMENT - LOCAL			
	08	GOV. - HOSP. DIST. OR AUTH.			

ZIP CODE	5	260	264	C	PROV2905
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THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.
 COBOL NAME: ZIP-CD
 FIPS STATE CODE 2 265 266 C FIPSTATE
 FIPS STATE CODE
 COBOL NAME: WS-FIPS-STATE
 FIPS COUNTY CODE 3 267 269 C FIPCNTY
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
ACCREDITATION EFFECTIVE DATE THE EFFECTIVE DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA). COBOL NAME: ACCRED-EFF-DT	8	274	281	C	PROV0000
ACCREDITATION EXPIRATION DATE THE EXPIRATION DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMITTEE ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA). COBOL NAME: ACCRED-EXP-DT	8	282	289	C	PROV0005
ACCREDITATION INDICATOR INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER. COBOL NAME: ACCRED-STAT VALUES: 0 NONE 1 JCAHO 2 AOA 4 BOTH	1	290	290	C	PROV0010
BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS	4	291	294	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	4	295	298	N	PROV0755
CERTIFIED RN ANESTHETISTS NUMBER OF FULL-TIME EQUIVALENT CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-CERT-RN-ANEST	7.2	299	305	N	PROV0760
CLIA - HOSP LAB ID #1 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA).	10	306	315	C	PROV0130

COBOL NAME: CLIA-ID-NUM-A

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HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CLIA - HOSP LAB ID #2 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-B	10	316	325	C	PROV0135
CLIA - HOSP LAB ID #3 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-C	10	326	335	C	PROV0140
CLIA - HOSP LAB ID #4 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-D	10	336	345	C	PROV0145
CLIA - HOSP LAB ID #5 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-E	10	346	355	C	PROV0150
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED	1	356	356	C	PROV0240
COMPLIANCE: SCOPE OF SERVICE INDICATES IF A WAIVER OF THE SCOPE OF SERVICES REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL. COBOL NAME: COMPL-SCOPE-OF-SERV VALUES: 1 WAIVER RECOMMENDED	1	357	357	C	PROV0280
COMPLIANCE: TECHNICAL PERSONNEL INDICATES IF A WAIVER OF THE TECHNICAL PERSONNEL REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL. COBOL NAME: COMPL-TECH-PERSNL VALUES: 1 WAIVER RECOMMENDED	1	358	358	C	PROV0285
COMPLIANCE: 24 HR REGISTERED NURSE INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED	1	359	359	C	PROV0290
CURRENT SURVEY EVER ACCREDITED INDICATES IF THIS PROVIDER WAS AN ACCREDITED HOSPITAL	1	360	360	C	PROV3545

ANYTIME DURING THE CURRENT SURVEY.
 COBOL NAME: CURRENT-EVER-ACCRED
 VALUES:

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
N NO Y YES					
CURRENT SURVEY EVER NON-ACCRED INDICATES IF THIS PROVIDER WAS A NON-ACCREDITED HOSPITAL ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-NON-ACCRED VALUES: N NO Y YES	1	361	361	C	PROV3555
CURRENT SURVEY EVER SWINGBED INDICATES IF THIS PROVIDER WAS A SWINGBED HOSPITAL ANYTIME DURING THE CURRENT SURVEY. COBOL NAME: CURRENT-EVER-SWINGBED VALUES: N NO Y YES	1	362	362	C	PROV3550
DATE OF VALIDATION SURVEY DATE A VALIDATION SURVEY IS PERFORMED BY THE STATE AGENCY IN A JCAH OR AOA ACCREDITED HOSPITAL. COBOL NAME: DT-VALID-SURVEY	8	363	370	C	PROV0450
DIETICIANS NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY. COBOL NAME: NUM-DIETICIANS	7.2	371	377	N	PROV0820
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY. COBOL NAME: NUM-LPN-LVN	7.2	382	388	N	PROV0955
MEDICAL SCHOOL AFFILIATION THE TYPE OF AFFILIATION THAT A HOSPITAL MAY HAVE WITH A MEDICAL SCHOOL. COBOL NAME: MED-SCHL-AFF VALUES: 1 MAJOR 2 LIMITED 3 GRADUATE 4 NO AFFILIATION	1	389	389	C	PROV0645
MEDICAL TECHNOLOGISTS (LAB) NUMBER OF FULL TIME EQUIVALENT MEDICAL LABORATORY TECHNOLOGISTS EMPLOYED BY A HOSPITAL COBOL NAME: NUM-LAB-MED-TECHS	7.2	390	396	N	PROV6290

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEETS 1861 DEFINITION INDICATES IF AN EMERGENCY HOSPITAL MEETS THE DEFINITION OF "HOSPITAL" CONTAINED IN SECTION 1861 OF THE SOCIAL SECURITY ACT. COBOL NAME: MEETS-1861 VALUES: Y MEETS 1861(E)(1)	1	397	397	C	PROV0670
NUCLEAR MEDICINE TECHNICIANS NUMBER OF FULL TIME EQUIVALENT NUCLEAR MEDICINE TECHNICIANS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-NUCL-MED-TECHS	7.2	398	404	N	PROV6295
OCCUPATIONAL THERAPISTS THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-OCCUP-THERAPISTS	7.2	405	411	N	PROV1050
OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL	7.2	412	418	N	PROV1075
PARTICIPATING CODE (Y,N) THIS CODE INDICATES WHETHER A PROVIDER IS PARTICIPATING IN THE MEDICAID OR MEDICARE PROGRAM. COBOL NAME: PARTICIPATING-CD VALUES: N NON-PARTICIPATING PROVIDER Y PARTICIPATING PROVIDER	1	419	419	C	PROV1575
PHYSICAL THERAPISTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS-THERAPY	7.2	420	426	N	PROV1125
PHYSICIAN ASSISTANTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC. COBOL NAME: NUM-PHYS-ASSIST	7.2	427	433	N	PROV1115
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 1 MEDICARE ONLY 3 MEDICARE AND MEDICAID	1	434	434	C	PROV1670
PSYCHIATRIC UNIT BEDS THE NUMBER OF BEDS IN A PPS EXEMPT PSYCHIATRIC UNIT OF A HOSPITAL. COBOL NAME: PSY-UNIT-BED-SZ	3	435	437	N	PROV1690

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PSYCHIATRIC UNIT EFFECTIVE DATE THE DATE A PSYCHIATRIC UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM (PPS). COBOL NAME: PSY-UNIT-EFF-DT	8	438	445	C	PROV1695
PSYCHIATRIC UNIT INDICATOR INDICATES IF A HOSPITAL HAS A PPS EXEMPT PSYCHIATRIC UNIT. COBOL NAME: PSY-UNIT-IND VALUES: Y PSYCH UNIT	1	446	446	C	PROV1700
PSYCHIATRIC UNIT TERMINATION CODE INDICATES THE REASON THAT A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM PPS. COBOL NAME: PSY-UNIT-TERM-CD VALUES: 0 ACTIVE 1 VOLUNTARY-MERGER OR CLOSURE 2 VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT 3 RISK OF INVOLUNTARY TERMINATION 4 VOLUNTARY-OTHER 5 FAILURE TO MEET HEALTH/SAFETY 6 FAILURE TO MEET AGREEMENT 7 PROVIDER STATUS CHANGE	1	447	447	C	PROV1705
PSYCHIATRIC UNIT TERMINATION DATE THE DATE A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: PSY-UNIT-TERM-DT	8	448	455	C	PROV1710
PSYCHOLOGISTS NUMBER OF FULL TIME EQUIVALENT PSYCHOLOGISTS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-PSYCHOL	7.2	456	462	N	PROV6300
RADIOLOGY TECHNICIANS (DIAGNOSTIC) NUMBER OF FULL TIME EQUIVALENT DIAGNOSTIC RADIOLOGY TECHNICIANS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-RADIO-TECHS	7.2	463	469	N	PROV6305
REGIONAL OVERRIDE #1 (NUMBER BEDS) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED	1	470	470	C	PROV1545
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2	1	471	471	C	PROV1550

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 14
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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Y	RECORD HAS BEEN APPROVED				
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REGIONAL OVERRIDE #3 (NURSE - BED)	1	472	472	C	PROV1555
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THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-3

VALUES: Y

RECORD HAS BEEN APPROVED

REGISTERED NURSES	7.2	473	479	N	PROV1145
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THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED
 PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-REG-NURS

REGISTERED PHARMACISTS	7.2	480	486	N	PROV1100
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THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED
 PHARMACISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-PHARMACIST-REG

REHABILITATION UNIT BEDS	3	487	489	N	PROV1730
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THE NUMBER OF BEDS IN A PPS EXEMPT REHABILITATION UNIT
 OF A HOSPITAL.

COBOL NAME: REHAB-UNIT-BED-SZ

REHABILITATION UNIT EFFECT DATE	8	490	497	C	PROV1735
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THE DATE A REHABILITATION UNIT BECAME EXEMPT FROM THE
 PROSPECTIVE PAYMENT SYSTEM.

COBOL NAME: REHAB-UNIT-EFF-DT

REHABILITATION UNIT INDICATOR	1	498	498	C	PROV1740
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INDICATES IF A HOSPITAL HAS A PPS EXEMPT REHABILITATION
 UNIT.

COBOL NAME: REHAB-UNIT-IND

VALUES: Y

REHAB UNIT

REHABILITATION UNIT TERMINAT CODE	1	499	499	C	PROV1745
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THIS ELEMENT INDICATES THE REASON FOR A HOSPITAL
 REHABILITATION UNIT'S TERMINATION OF ITS EXCLUSION
 STATUS UNDER PROSPECTIVE PAYMENT SYSTEM.

COBOL NAME: REHAB-UNIT-TERM-CD

VALUES:	0	ACTIVE
	1	VOLUNTARY-MERGER OR CLOSURE
	2	VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT
	3	RISK OF INVOLUNTARY TERMINATION
	4	VOLUNTARY-OTHER
	5	FAILURE TO MEET HEALTH/SAFETY
	6	FAILURE TO MEET AGREEMENT
	7	PROVIDER STATUS CHANGE

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
REHABILITATION UNIT TERMINAT DATE THIS ELEMENT IS THE DATE THE HOSPITAL'S PSYCHIATRIC UNIT IS NO LONGER EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: REHAB-UNIT-TERM-DT	8	500	507	C	PROV1750
RESIDENT PROGRAM APPROVED BY ADA INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN DENTAL ASSOCIATION COBOL NAME: RES-PGM-APPR-ADA VALUES: N NOT APPROVED Y APPROVED	1	508	508	C	PROV1805
RESIDENT PROGRAM APPROVED BY AMA INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN MEDICAL ASSOCIATION. COBOL NAME: RES-PGM-APPR-AMA VALUES: N NOT APPROVED Y APPROVED	1	509	509	C	PROV1810
RESIDENT PROGRAM APPROVED BY AOA INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. COBOL NAME: RES-PGM-APPR-AOA VALUES: N NOT APPROVED Y APPROVED	1	510	510	C	PROV1815
RESIDENT PROGRAM APPROVED BY OTHER INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY OTHER PROFESSIONAL ORGANIZATIONS. COBOL NAME: RES-PGM-APPR-OTHER VALUES: N NOT APPROVED Y APPROVED	1	511	511	C	PROV1820
RESIDENTS (PHYSICIANS) THE NUMBER OF FULL-TIME EQUIVALENT RESIDENTS (PHYSICIANS) EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-RESID-PHYS	7.2	512	518	N	PROV1165
RESPIRATORY THERAPISTS NUMBER OF FULLTIME EQUIVALENT RESPIRATORY THERAPISTS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-INHAL-THERAPY	7.2	519	525	N	PROV0950
SRV: ACUTE RENAL DIALYSIS INDICATES HOW ACUTE RENAL DIALYSIS SERVICES ARE PROVIDED IN A HOSPITAL. COBOL NAME: SP-ACUTE-REN-DIAL VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED BY ARRANGEMENT OR AGREEMENT	1	526	526	C	PROV2055

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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3					PROVIDED BY STAFF AND THROUGH AGREEMENT
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SRV: ALCOHOL AND/OR DRUG	1	527	527	C	PROV2065
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INDICATES HOW ALCOHOL AND/OR DRUG SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-ALCOH-DRUG

VALUES: 0	NOT PROVIDED
1	PROVIDED BY STAFF
2	PROVIDED BY ARRANGEMENT OR AGREEMENT
3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: AMBULANCE (OWNED)	1	528	528	C	PROV6155
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INDICATES HOW AMBULANCE (OWNED) SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-AMBUL-OWNED

VALUES: 0	NOT PROVIDED
1	PROVIDED BY STAFF
2	PROVIDED BY ARRANGEMENT OR AGREEMENT
3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ANESTHESIA	1	529	529	C	PROV2070
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INDICATES HOW ANESTHESIA SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-ANESTH

VALUES: 0	NOT PROVIDED
1	PROVIDED BY STAFF
2	PROVIDED BY ARRANGEMENT OR AGREEMENT
3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: AUDIOLOGY	1	530	530	C	PROV6160
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INDICATES HOW AUDIOLOGY SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-AUDIO

VALUES: 0	NOT PROVIDED
1	PROVIDED BY STAFF
2	PROVIDED BY ARRANGEMENT OR AGREEMENT
3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: BLOOD BANK	1	531	531	C	PROV5675
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INDICIATES HOW BLOOD BANK SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-BLOOD-BANK

VALUES: 0	NOT PROVIDED
1	PROVIDED BY STAFF
2	PROVIDED BY ARRANGEMENT OR AGREEMENT
3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: BURN CARE UNIT	1	532	532	C	PROV2090
INDICATES HOW BURN CARE UNIT SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-BURN-UNIT					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CARDIAC CATHETERIZATION LAB	1	533	533	C	PROV6165
INDICATES HOW CARDIAC CATHETERIZATION LABORATORY SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-CARD-CATH-LAB					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CARDIO-THORACIC SURGERY	1	534	534	C	PROV2285
INDICATES HOW CARDIO-THORACIC SURGERY SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-OPEN-HEART-SURG					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CHEMOTHERAPY SERVICE	1	535	535	C	PROV6170
INDICATES HOW CHEMOTHERAPY SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-CHEMOTHER					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: CHIROPRACTIC	1	536	536	C	PROV2100
INDICATES HOW CHIROPRACTICE SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-CHIROPRACTIC					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: CT SCANNER	1	537	537	C	PROV6175
INDICATES HOW CT SCANNER SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-CT-SCAN					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: DENTAL	1	538	538	C	PROV2120
INDICATES HOW DENTAL SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-DENTAL					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: DIETARY	1	539	539	C	PROV2130
INDICATES HOW DIETARY SERVICES ARE PROVIDED BY A HOSPITAL					
COBOL NAME: SP-DIETARY					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: EMERGENCY DEPT (DEDICATED)	1	540	540	C	PROV6180
INDICATES HOW DEDICATED EMERGENCY DEPARTMENT SERVICES ARE PROVIDED BY A HOSPITAL					
COBOL NAME: SP-EMERG-DEDICATED					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT
SRV: EMERGENCY SERVICES	1	541	541	C	PROV2140
INDICATES HOW EMERGENCY SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-EMERG-DEPT					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 20
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: GERONTOLOGICAL SPECIALTY 1 542 542 C PROV6190
 INDICATES HOW GERONTOLOGICAL SPECIALTY SERVICES
 ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-GERON-SPEC

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: HOME HEALTH SERVICES 1 543 543 C PROV2160
 INDICATES HOW HOME HEALTH SERVICES ARE PROVIDED BY A
 HOSPITAL.

COBOL NAME: SP-HOME-CARE-UNIT

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: HOSPICE 1 544 544 C PROV2175
 INDICATES HOW HOSPICE SERVICES ARE PROVIDED BY A
 HOSPITAL.

COBOL NAME: SP-HOSPICE

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - CARDIAC (NON-SURGICAL) 1 545 545 C PROV2110
 INDICATES HOW ICU - CARDIAC (NON-SURGICAL) SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-CORONARY-CARE

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - MEDICAL/SURGICAL 1 546 546 C PROV2185
 INDICATES HOW ICU - MEDICAL/SURGICAL SERVICES ARE
 PROVIDED BY A HOSPITAL.

COBOL NAME: SP-ICU

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 21
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ICU - NEONATAL 1 547 547 C PROV6195
 INDICATES HOW ICU - NEONATAL SERVICES ARE PROVIDED
 IN A HOSPITAL.
 COBOL NAME: SP-ICU-NEONATAL
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - PEDIATRIC 1 548 548 C PROV6200
 INDICATES HOW ICU - PEDIATRIC SERVICES ARE PROVIDED
 IN A HOSPITAL.
 COBOL NAME: SP-ICU-PEDIATRIC
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ICU - SURGICAL 1 549 549 C PROV6205
 INDICATES HOW ICU - SURGICAL SERVICES ARE PROVIDED
 IN A HOSPITAL.
 COBOL NAME: SP-ICU-SURG
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: LABORATORY (ANATOMICAL) 1 550 550 C PROV2205
 INDICATES HOW ANATOMICAL LABORATORY SERVICES ARE
 PROVIDED IN A HOSPITAL.
 COBOL NAME: SP-LABORATORY-ANATOM
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: LABORATORY (CLINICAL) 1 551 551 C PROV2210
 INDICATES HOW CLINICAL LABORATORY SERVICES ARE PROVIDED
 IN A HOSPITAL.
 COBOL NAME: SP-LABORATORY-CLINIC
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: LONG TERM CARE (SWING-BEDS)	1	552	552	C	PROV2215

INDICATES HOW LONG TERM CARE (SWING-BEDS) SERVICES ARE
PROVIDED IN A HOSPITAL

COBOL NAME: SP-LTC-UNIT

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: MAGNETIC RESONANCE IMAGING 1 553 553 C PROV6210

INDICATES HOW MAGNETIC RESONANCE IMAGING (MRI)
SERVICES ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-MRI

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NEONATAL NURSERY 1 554 554 C PROV2235

INDICATES HOW NEONATAL NURSERY SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-NEONATAL-NURS

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NEUROSURGICAL SERVICES 1 555 555 C PROV6215

INDICATES HOW NEUROSURGICAL SERVICES ARE PROVIDED
IN A HOSPITAL.

COBOL NAME: SP-NEURO-SURG

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: NUCLEAR MEDICINE 1 556 556 C PROV2245

INDICATES HOW NUCLEAR MEDICINE SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-NUCLEAR-MED

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OBSTETRICS 1 557 557 C PROV2265

INDICATES HOW OBSTETRIC SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OBSTETRICS

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OCCUPATIONAL THERAPY 1 558 558 C PROV2270
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

SRV: OPERATING ROOMS 1 559 559 C PROV2300
INDICATES HOW OPERATING ROOM SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OR-ROOMS

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OPHTHALMIC SURGERY 1 560 560 C PROV6220
INDICATES HOW OPHTHALMIC SURGERY SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OPHTHALMIC-SURG

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OPTOMETRIC 1 561 561 C PROV2295
INDICATES HOW OPTOMETRIC SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OPTOMETRIC

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: ORGAN BANK	1	562	562	C	PROV2310
INDICATES HOW ORGAN BANK SERVICES ARE PROVIDED BY A HOSPITAL.					

COBOL NAME: SP-ORGAN-BANK

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ORGAN TRANSPLANT 1 563 563 C PROV2315
INDICATES HOW ORGAN TRANSPLANT SERVICES ARE PROVIDED BY
A HOSPITAL.

COBOL NAME: SP-ORGAN-TRANS

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: ORTHOPEDIC SURGERY 1 564 564 C PROV6225
INDICATES HOW ORTHOPEDIC SURGERY SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-ORTHOPEDIC-SURG

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OUTPATIENT 1 565 565 C PROV2350
INDICATES HOW OUTPATIENT SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-OUTPAT

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: OUTPATIENT SURGERY UNIT 1 566 566 C PROV2355
INDICATES HOW OUTPATIENT SURGERY UNIT SERVICES ARE
PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OUTPAT-SURG

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PEDIATRIC 1 567 567 C PROV2360
INDICATES HOW PEDIATRIC SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-PEDIATRIC

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PET SCAN SERVICES 1 568 568 C PROV6230
 INDICATES HOW POSITRON EMISSION TOMOGRAPHY (PET) SCAN
 SERVICES ARE PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-POS-EMIS-TOM-SCAN
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PHARMACY 1 569 569 C PROV2365
 INDICATES HOW PHARMACY SERVICES ARE PROVIDED.
 COBOL NAME: SP-PHARMACY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PHYSICAL THERAPY 1 570 570 C PROV2370
 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
 COBOL NAME: SP-PHYSICAL-THERAPY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: POSTOPERATIVE RECOVERY ROOM 1 571 571 C PROV2410
 INDICATES HOW POSTOPERATIVE RECOVERY ROOM SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-POSTOP-REC-RM
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC 1 572 572 C PROV2415
 INDICATES HOW PSYCHIATRIC SERVICES ARE PROVIDED BY A
 HOSPITAL.
 COBOL NAME: SP-PSYCHIATRIC
 VALUES: 0 NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
1					PROVIDED BY STAFF
2					PROVIDED BY ARRANGEMENT OR AGREEMENT
3					PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - FORENSIC 1 573 573 C PROV6245

INDICATES HOW FORENSIC PSYCHIATRIC SERVICES ARE
PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-FORENSIC

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - GERIATRIC 1 574 574 C PROV6250

INDICATES HOW GERIATRIC PSYCHIATRIC SERVICES ARE
PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-GERIATRIC

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC - OUTPATIENT 1 575 575 C PROV6255

INDICATES HOW OUTPATIENT PSYCHIATRIC SERVICES ARE
PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-OUTPAT

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC CHILD/ADOLESCENT 1 576 576 C PROV6240

INDICATES HOW CHILD/ADOLESCENT PSYCHIATRIC SERVICES ARE
PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-CHILD-ADOL

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: PSYCHIATRIC-EMERGENCY 1 577 577 C PROV6235

INDICATES HOW EMERGENCY PSYCHIATRIC SERVICES ARE
PROVIDED BY A HOSPITAL.

COBOL NAME: SP-PSY-EMERG

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 27

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: RADIOLOGY (DIAGNOSTIC)	1	578	578	C	PROV2440
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INDICATES HOW DIAGNOSTIC RADIOLOGY SERVICES ARE
PROVIDED BY A HOSPITAL.

COBOL NAME: SP-RADIOLOGY-DIAG

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF

2	PROVIDED BY ARRANGEMENT OR AGREEMENT
3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: RADIOLOGY (THERAPEUTIC) 1 579 579 C PROV2445
 INDICATES HOW THERAPEUTIC RADIOLOGY SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-RADIOLOGY-THERAPY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: RECONSTRUCTIVE SURGERY 1 580 580 C PROV6260
 INDICATES HOW RECONSTRUCTIVE SURGERY SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-RECON-SURG
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: REHAB - INPATIENT (CARF) 1 581 581 C PROV6270
 INDICATES HOW INPATIENT REHABILITATION (CARF
 ACCREDITED) SERVICES ARE PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-REHABIL-CARF
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: REHAB - OUTPATIENT 1 582 582 C PROV6265
 INDICATES HOW OUTPATIENT REHABILITATION SERVICES ARE
 PROVIDED BY A HOSPITAL.
 COBOL NAME: SP-REHABIL-OUTPAT
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: REHAB INPATIENT (NOT CARF)	1	583	583	C	PROV2450
INDICATES HOW INPATIENT REHABILITATION (NOT CARF					
ACCREDITED) SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-REHABIL					
VALUES: 0	NOT PROVIDED				
1	PROVIDED BY STAFF				
2	PROVIDED BY ARRANGEMENT OR AGREEMENT				

3

PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: SHOCK WAVE LITHOTRIPTER 1 584 584 C PROV6185

INDICATES HOW EXTRACORPOREAL SHOCK WAVE LITHOTRIPTER

SERVICES ARE PROVIDED IN A HOSPITAL.

COBOL NAME: SP-EXTRAC-SHOCK-WAVE

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: SOCIAL 1 585 585 C PROV2485

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT OR AGREEMENT
	3	COMBINATION

SRV: SURGICAL SERVICES-INPATIENT 1 587 587 C PROV2190

INDICATES HOW INPATIENT SURGICAL SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-INPAT-SURG

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED BY ARRANGEMENT OR AGREEMENT
	3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: TRANSPLANT CENTER, MEDICARE 1 588 588 C PROV6275

INDICATES HOW MEDICARE CERTIFIED TRANSPLANT CENTER

SERVICES ARE PROVIDED BY A HOSPITAL.

COBOL NAME: SP-TRANS-MEDICARE

VALUES: 0 NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

1	PROVIDED BY STAFF
2	PROVIDED BY ARRANGEMENT OR AGREEMENT
3	PROVIDED BY STAFF AND THROUGH AGREEMENT

SRV: TRAUMA CENTER (CERTIFIED) 1 589 589 C PROV2475

INDICATES HOW CERTIFIED TRAUMA CENTER SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-SHOCK-TRAUMA

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TYPE OF NON-PARTICIPATING PROVIDER          1      595      595      C      PROV0690
INDICATES WHETHER A NON-PARTICIPATING HOSPITAL IS
FEDERAL OR OTHER THAN FEDERAL.
COBOL NAME: NON-PARTICIPATING-TYPE
VALUES:      E      EMERGENCY HOSPITAL NON-FEDERAL
              F      EMERGENCY HOSPITAL FEDERAL

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SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1454 1460 N PROV1220
 THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
 OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.
 COBOL NAME: NUM-SPEECH-PATH-AUDIO

NURSE PRACTITIONERS 7.2 1624 1630 N PROV1015
 NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS.
 COBOL NAME: NUM-NURSE-PRACT

PHYSICIANS 7.2 1641 1647 N PROV1110
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED
 BY A PROVIDER.
 COBOL NAME: NUM-PHYS

SRV: RESPIRATORY CARE 1 1690 1690 C PROV2455
 INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.
 COBOL NAME: SP-RESP-CARE

VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED BY ARRANGEMENT OR AGREEMENT
 3 PROVIDED BY STAFF AND THROUGH AGREEMENT

MEDICAL SOCIAL WORKERS 7.2 1767 1773 N PROV0975
 NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS
 EMPLOYED BY A HOSPITAL OR HOSPICE.
 COBOL NAME: NUM-MED-SOCIAL-WRKS

FAX PHONE NUMBER 10 2025 2034 C PROV5800
 THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF THE LABORATORY OR HOSPITAL
 COBOL NAME: FAX-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 03 TITLE 18/19	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY	2	3	4	C	PROV0075

VALUES: 02 SNF/NF (DUALY CERTIFIED)

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD					
VALUES: 1	ELIGIBLE TO PARTICIPATE				
2	NOT ELIGIBLE TO PARTICIPATE				

FACILITY NAME 50 75 124 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00366					HIGHMARK MEDICARE SERVICES

00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620

A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM
 PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y					YES

STATE ABBREVIATION 2 180 181 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV
 VALUES: AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AS AMERICAN SAMOA
 AZ ARIZONA
 CA CALIFORNIA
 CN CANADA
 CO COLORADO
 CT CONNECTICUT

DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29					NEVADA
30					NEW HAMPSHIRE
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE

45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
 WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 187 236 C PROV2720
 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
 PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.
 COBOL NAME: TERM-CD-1
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00					ACTIVE
01					VOL-MERG,CLOSE
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	FOR PROFIT - INDIVIDUAL
	02	FOR PROFIT - PARTNERSHIP
	03	FOR PROFIT - CORPORATION
	04	NONPROFIT - CHURCH RELATED
	05	NONPROFIT - CORPORATION
	06	NONPROFIT - OTHER
	07	GOVERNMENT - STATE
	08	GOVERNMENT - COUNTY
	09	GOVERNMENT - CITY
	10	GOVERNMENT - CITY/COUNTY
	11	GOVERNMENT - HOSPITAL DISTRICT
	12	GOVERNMENT - FEDERAL

ZIP CODE 5 260 264 C PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE
FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY
FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					

SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

BEDS - TOTAL	4	291	294	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS.					

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED	4	295	298	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY.					

COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.					

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE 1 359 359 C PROV0290
 INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE
 REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-24-HR-RN
 VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
 YEAR.
 COBOL NAME: FISC-YR-END-DT

PROGRAM PARTICIPATION 1 434 434 C PROV1670
 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,
 MEDICAID, OR BOTH PROGRAMS.
 COBOL NAME: PROG-PARTCI
 VALUES: 1 MEDICARE ONLY
 2 MEDICAID ONLY
 3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545
 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.
 COBOL NAME: OVERRIDE-1
 VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS BEEN APPROVED	1	471	471	C	PROV1550
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT	7.2	596	602	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME	7.2	603	609	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.	7.2	610	616	N	PROV0705

COBOL NAME: NUM-ACT-THER-PART-TIME
 ADMINISTRATION - CONTRACT 7.2 617 623 N PROV0710
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-ADMN-CONTRACT
 ADMINISTRATOR - FULL TIME 7.2 624 630 N PROV0715
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 EMPLOYED ON A FULL TIME BASIS BY A FACILITY.
 COBOL NAME: NUM-ADMN-FULL-TIME
 ADMINISTRATOR - PART TIME 7.2 631 637 N PROV0720
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 EMPLOYED ON A PART-TIME BASIS BY A FACILITY.
 COBOL NAME: NUM-ADMN-PART-TIME
 BEDS - MEDICARE SNF 4 638 641 N PROV1445
 NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY.
 COBOL NAME: NUM-T18-SNF-BEDS
 BEDS - NURSING FACILITY 4 642 645 N PROV1455
 NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE
 BEDS IN A FACILITY.
 COBOL NAME: NUM-T19-SNF-BEDS
 BEDS - SNF/NF 4 646 649 N PROV1450
 NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID
 SKILLED NURSING CARE IN A LONG TERM CARE FACILITY.
 COBOL NAME: NUM-T1819-SNF-BEDS
 CERT NURSE AIDES - CONTRACT 7.2 650 656 N PROV1000
 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE
 AIDES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-NURSE-AID-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME	7.2	657	663	N	PROV1005
CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME	7.2	664	670	N	PROV1010
CHRISTIAN SCIENCE INDICATOR INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE	1	671	671	C	PROV0110
COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED	1	672	672	C	PROV0225
COMPLIANCE: PATIENT ROOM SIZE	1	673	673	C	PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN
RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 7 DAY REGISTERED NURSE 1 674 674 C PROV0295

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE
REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 675 681 N PROV0785

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER
CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

DENTISTS - FULL TIME 7.2 682 688 N PROV0790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME 7.2 689 695 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT 7.2 696 702 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO
A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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DIETITIANS - FULL TIME	7.2	703	709	N	PROV0810
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THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME

DIETITIANS - PART TIME	7.2	710	716	N	PROV0815
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THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED
BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME

EXPERIMENTAL RESEARCH CONDUCTED	1	717	717	C	PROV0465
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INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND
TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH

VALUES: Y YES

FOOD SERVICE - CONTRACT	7.2	718	724	N	PROV0860
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THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-FOOD-SRV-CONTRACT

FOOD SERVICE - FULL TIME	7.2	725	731	N	PROV0865
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THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-FULL-TIME
 FOOD SERVICE - PART TIME 7.2 732 738 N PROV0870
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-FOOD-SRV-PART-TIME
 HOUSEKEEPING - CONTRACT 7.2 739 745 N PROV0925
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-HOUSE-CONTRACT
 HOUSEKEEPING - FULL TIME 7.2 746 752 N PROV0930
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-HOUSE-FULL-TIME
 HOUSEKEEPING - PART TIME 7.2 753 759 N PROV0935
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-HOUSE-PART-TIME
 LPN/LVN - CONTRACT 7.2 760 766 N PROV1465
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-VOC-NURSE-CONTRACT
 LPN/LVN - FULL TIME 7.2 767 773 N PROV1470
 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/
 VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME
 BASIS.
 COBOL NAME: NUM-VOC-NURSE-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	7.2	774	780	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM	6	781	786	C	PROV0640
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT	7.2	787	793	N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME	7.2	794	800	N	PROV0965
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS.	7.2	801	807	N	PROV0970

COBOL NAME: NUM-MED-PART-TIME
 MEDICATION AIDES/TECHS-CONTRACT 7.2 808 814 N PROV5180
 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/
 TECHNICIANS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-MED-AID-CONTRACT
 MEDICATION AIDES/TECHS-FULL TIME 7.2 815 821 N PROV5170
 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/
 TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME
 BASIS.
 COBOL NAME: NUM-MED-AID-FULL-TIME
 MEDICATION AIDES/TECHS-PART TIME 7.2 822 828 N PROV5175
 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/
 TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME
 BASIS.
 COBOL NAME: NUM-MED-AID-PART-TIME
 MENTAL HEALTH SERVICES - CONTRACT 7.2 829 835 N PROV0980
 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH
 SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-MEN-HLTH-CONTRACT
 MENTAL HEALTH SERVICES - FULL TIME 7.2 836 842 N PROV0985
 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH
 SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL
 TIME BASIS.
 COBOL NAME: NUM-MEN-HLTH-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MENTAL HEALTH SERVICES - PART TIME THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME	7.2	843	849	N	PROV0990
MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG	38	850	887	C	PROV0680
MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES	1	888	888	C	PROV0675
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT	7.2	889	895	N	PROV5165
NURSE AIDES IN TRNG-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-AID-TRNG-FULL-TIME	7.2	896	902	N	PROV5155

NURSE AIDES IN TRNG-PART TIME	7.2	903	909	N	PROV5160
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-AID-TRNG-PART-TIME					
NURSES WITH ADMIN DUTIES-CONTRACT	7.2	910	916	N	PROV5150
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-NURSE-ADM-CONTRACT					
NURSES WITH ADMIN DUTIES-FULL TIME	7.2	917	923	N	PROV5135
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-NURSE-ADM-FULL-TIME					
NURSES WITH ADMIN DUTIES-PART TIME	7.2	924	930	N	PROV5145
NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-NURSE-ADM-PART-TIME					
OCCUP THERAPY AIDE - CONTRACT	7.2	931	937	N	PROV1020
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-AID-CONTRACT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUP THERAPY AIDE - FULL TIME	7.2	938	944	N	PROV1025
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-AID-FULL-TIME					
OCCUP THERAPY AIDE - PART TIME	7.2	945	951	N	PROV1030
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-AID-PART-TIME					
OCCUP THERAPY ASST - CONTRACT	7.2	952	958	N	PROV5195
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-OCC-ASST-CONTRACT					
OCCUP THERAPY ASST - FULL TIME	7.2	959	965	N	PROV5185
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-FULL-TIME					
OCCUP THERAPY ASST - PART TIME	7.2	966	972	N	PROV5190
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-PART-TIME					
OCCUPATIONAL THERAPIST - CONTRACT	7.2	973	979	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-THER-CONTRACT					

OCCUPATIONAL THERAPIST - FULL TIME 7.2 980 986 N PROV1040
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
 THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OCC-THER-FULL-TIME

OCCUPATIONAL THERAPIST - PART TIME 7.2 987 993 N PROV1045
 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
 THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OCC-THER-PART-TIME

ORGANIZED FAMILY GROUP 1 994 994 C PROV1535
 INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF
 FAMILY MEMBERS OF RESIDENTS.
 COBOL NAME: ORG-FAMILY-GRP
 VALUES: Y YES

ORGANIZED RESIDENT GROUP 1 995 995 C PROV1540
 INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS
 GROUP.
 COBOL NAME: ORG-RESID-GRP
 VALUES: Y YES

OTHER - CONTRACT 7.2 996 1002 N PROV3265
 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
 IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-OTH-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-OTH-FULL-TIME	7.2	1003	1009	N	PROV3245
OTHER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-OTH-PART-TIME	7.2	1010	1016	N	PROV3255
OTHER ACTIVITIES STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-CONTRACT	7.2	1017	1023	N	PROV5270
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2	1024	1030	N	PROV5260
OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME	7.2	1031	1037	N	PROV5305
OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OTH-PHY-CONTRACT	7.2	1038	1044	N	PROV1060
OTHER PHYSICIAN - FULL TIME	7.2	1045	1051	N	PROV1065

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
COBOL NAME: NUM-OTH-PHY-FULL-TIME

OTHER PHYSICIAN - PART TIME	7.2	1052	1058	N	PROV1070
THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OTH-PHY-PART-TIME					
OTHR SOCIAL SERV STAFF-CONTRACT	7.2	1059	1065	N	PROV5300
NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT					
OTHR SOCIAL SERV STAFF-FULL TIME	7.2	1066	1072	N	PROV5290
NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA L SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME					
OTHR SOCIAL SERV STAFF-PART TIME	7.2	1073	1079	N	PROV5295
NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA L SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-PART-TIME					
PHARMACISTS - CONTRACT	7.2	1080	1086	N	PROV1085
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-PHAR-CONTRACT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHARMACISTS - FULL TIME	7.2	1087	1093	N	PROV1090
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME					
PHARMACISTS - PART TIME	7.2	1094	1100	N	PROV1095
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME					
PHYS THER ASST - CONTRACT	7.2	1101	1107	N	PROV5210
NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT					
PHYS THER ASST - FULL TIME	7.2	1108	1114	N	PROV5200
NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME					
PHYS THER ASST - PART TIME	7.2	1115	1121	N	PROV5205
NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME					
PHYSICAL THERAPISTS - CONTRACT	7.2	1122	1128	N	PROV1430
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT					
PHYSICAL THERAPISTS - FULL TIME	7.2	1129	1135	N	PROV1435
THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS					

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-FULL-TIME
 PHYSICAL THERAPISTS - PART TIME 7.2 1136 1142 N PROV1440
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-PART-TIME
 PHYSICAL THERAPY AIDE - CONTRACT 7.2 1143 1149 N PROV1415
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-AID-CONTRACT
 PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-AID-FULL-TIME
 PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-AID-PART-TIME
 PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-PHYS-EXT-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME	7.2	1171	1177	N	PROV3250
PHYSICIAN EXTENDER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-PART-TIME	7.2	1178	1184	N	PROV3260
PODIATRISTS - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT	7.2	1185	1191	N	PROV1130
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	7.2	1192	1198	N	PROV1135
PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME	7.2	1199	1205	N	PROV1140
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED. COBOL NAME: PROV-BASED-FACILITY VALUES: Y HOSPITAL BASED	1	1206	1206	C	PROV1675
REGISTERED NURSE - CONTRACT	7.2	1207	1213	N	PROV1150

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
UNDER CONTRACT TO A FACILITY.
COBOL NAME: NUM-REG-NURSE-CONTRACT
REGISTERED NURSE - FULL TIME 7.2 1214 1220 N PROV1155
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
COBOL NAME: NUM-REG-NURSE-FULL-TIME
REGISTERED NURSE - PART TIME 7.2 1221 1227 N PROV1160
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
EMPLOYED BY A FACILITY ON A PART TIME BASIS.
COBOL NAME: NUM-REG-NURSE-PART-TIME
RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
COBOL NAME: RELATED-PROV-NUM
RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825
DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS
TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.
COBOL NAME: RESC-SUSP-DT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RN DIRECTOR OF NURSING - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT	7.2	1246	1252	N	PROV5130
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME	7.2	1253	1259	N	PROV5120
RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME	7.2	1260	1266	N	PROV5140
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT	7.2	1267	1273	N	PROV1170
SOCIAL WORKER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME	7.2	1274	1280	N	PROV1175
SOCIAL WORKER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME	7.2	1281	1287	N	PROV1180
SPECIAL CARE BEDS-AIDS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS	3	1288	1290	N	PROV0725

SPECIAL CARE BEDS-ALZHEIMERS	3	1291	1293	N	PROV0730
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.					
COBOL NAME: NUM-ALZHEIMERS-BEDS					
SPECIAL CARE BEDS-DIALYSIS	3	1294	1296	N	PROV0800
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.					
COBOL NAME: NUM-DIAL-BEDS					
SPECIAL CARE BEDS-DISABLED CHILD	3	1297	1299	N	PROV0855
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN.					
COBOL NAME: NUM-DIS-CHILD-BEDS					
SPECIAL CARE BEDS-HEAD TRAUMA	3	1300	1302	N	PROV0905
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.					
COBOL NAME: NUM-HEAD-TRAUMA-BEDS					
SPECIAL CARE BEDS-HOSPICE	3	1303	1305	N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.					
COBOL NAME: NUM-HOSPICE-BEDS					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-HUNTINGTONS	3	1306	1308	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE					
COBOL NAME: NUM-HUNTING-DIS-BEDS					
SPECIAL CARE BEDS-SPEC REHAB	3	1309	1311	N	PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS.					
COBOL NAME: NUM-SPEC-REHAB-BEDS					
SPECIAL CARE BEDS-VENTILATOR	3	1312	1314	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESIPIRATORY CARE NEEDS.					
COBOL NAME: NUM-VENT-RESP-BEDS					
SPEECH PATHOLOGIST - CONTRACT	7.2	1315	1321	N	PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-SPCH-PATH-CONTRACT					
SPEECH PATHOLOGIST - FULL TIME	7.2	1322	1328	N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-SPCH-PATH-FULL-TIME					
SPEECH PATHOLOGIST - PART TIME	7.2	1329	1335	N	PROV1200
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-SPCH-PATH-PART-TIME					
SRV: ACTIVITIES-OFFSITE-RESIDENTS	1	1336	1336	C	PROV3390
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1339 1339 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 1340 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 1341 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 1345 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1346 1346 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1347 1347 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1348 1348 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1350 1350 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 1351 C PROV3535
 INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
 TO NON RESIDENTS.
 COBOL NAME: SP-HOUSE-KP-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540
 INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE
 TO RESIDENTS.
 COBOL NAME: SP-HOUSE-KP-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

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 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: HOUSEKEEPING-ONSITE-RESIDENTS	1	1353	1353	C	PROV3530
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-HOUSE-KP-ON-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: MENTAL HEALTH-OFFSITE-RES	1	1354	1354	C	PROV3465
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-OFF-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: MENTAL HEALTH-ONSITE-NON RES	1	1355	1355	C	PROV3460
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-ON-NON-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: MENTAL HEALTH-ONSITE-RESID	1	1356	1356	C	PROV3455
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-ON-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: NURSING-OFFSITE-RESIDENTS	1	1357	1357	C	PROV3315
INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-NURSING-OFF-RES					

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255
FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250
FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245
FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285
FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S
ERVICES STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-SOC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OTH SOC SRV-ONSITE TO NONRES	1	1367	1367	C	PROV5280
INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.					
COBOL NAME: SP-OTH-SOC-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES	1	1368	1368	C	PROV5275
FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE S STAFF ONSITE TO RESIDENTS.					
COBOL NAME: SP-OTH-SOC-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS	1	1369	1369	C	PROV3330
INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PHARMACY-OFF-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS	1	1370	1370	C	PROV3325
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-PHARMACY-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS	1	1371	1371	C	PROV3320
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-PHARMACY-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHYS EXTENDER-ONSITE-RESIDENT INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1374	1374	C	PROV3290
SRV: PHYS THER-OFFSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1375	1375	C	PROV3375
SRV: PHYS THER-ONSITE-NON RESIDENT INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1376	1376	C	PROV3370
SRV: PHYS THER-ONSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1377	1377	C	PROV3365
SRV: PHYSICIAN-OFFSITE-RESIDENTS INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1378	1378	C	PROV3285

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280
 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
 NON RESIDENTS.
 COBOL NAME: SP-PHYS-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 1380 C PROV3275
 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-PHYS-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PODIATRY-OFFSITE-RESIDENTS	1	1381	1381	C	PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PODIATRY-OFF-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: PODIATRY-ONSITE-NON RESIDENTS	1	1382	1382	C	PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-PODIATRY-ON-NON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: PODIATRY-ONSITE-RESIDENTS	1	1383	1383	C	PROV3440
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-PODIATRY-ON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: SOCIAL WORK-OFFSITE-RESIDENTS	1	1384	1384	C	PROV3405
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-MED-SOC-OFF-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: SOCIAL WORK-ONSITE-NON RESID	1	1385	1385	C	PROV3400
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-MED-SOC-ON-NON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: SOCIAL WORK-ONSITE-RESIDENTS	1	1386	1386	C	PROV3395
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INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: SPEECH PATH-ONSITE-NON RESID	1	1388	1388	C	PROV3415
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INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS	1	1389	1389	C	PROV3410
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INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES	1	1390	1390	C	PROV5225
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INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES	1	1391	1391	C	PROV5220
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INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT	1	1392	1392	C	PROV5215
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INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS	1	1393	1393	C	PROV3480
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INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: VOCATIONAL-ONSITE-RESIDENTS	1	1395	1395	C	PROV3470
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INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS	1	1396	1396	C	PROV3510
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INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS	1	1397	1397	C	PROV3505
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INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS	1	1398	1398	C	PROV3500
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INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT	7.2	1399	1405	N	PROV5240
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NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME	7.2	1406	1412	N	PROV5230
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NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME	7.2	1413	1419	N	PROV5235
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NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.
COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 03 TITLE 18/19	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 03 SNF/NF (DISTINCT PART)	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.	3	45	47	C	PROV2695

COBOL NAME: SSA-COUNTY
 CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					

COBOL NAME: ELIG-CD

VALUES: 1	ELIGIBLE TO PARTICIPATE
2	NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER	5	125	129	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010	BLUE CROSS (ALABAMA)
00011	CAHABA
00020	BLUE CROSS (ARKANSAS)
00030	BLUE CROSS (ARIZONA)
00040	BLUE CROSS (CALIFORNIA)
00060	BLUE CROSS (CONNECTICUT)
00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)

00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280	BLUE CROSS (NEW JERSEY)				
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00366	HIGHMARK MEDICARE SERVICES				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVT SERVICES				
00454	USG CALIFORNIA				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00511	CAHABA				
00883	PALMETTO				
00952	WPS - ILLINOIS				
00953	WPS - MICHIGAN				
00954	WI PHYSICIAN SERVICES - MN				
01390	AETNA (WASHINGTON)				
17120	HAWAII MEDICAL SERVICE ASSOCIATION				
31140	NATIONAL HERITAGE (CA)				
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143	NATIONAL HERITAGE INSURANCE CO				
31144	NATIONAL HERITAGE INSURANCE CO				
31146	NATIONAL HERITAGE INSURANCE				
50333	TRAVELERS (NEW YORK)				
51051	AETNA (PETALUMA)				
51070	AETNA (FARMINGTON)				
51100	AETNA (CLEARWATER)				
51140	AETNA (PEORIA)				

51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	166	175	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	176	176	C	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE	2	177	178	C	PROV1725

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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Y	YES
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STATE ABBREVIATION	2	180	181	C	PROV3230
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STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:

AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO

NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA

25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN					

TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
PROGRAMS.
COBOL NAME: TERM-CD-1
VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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00	ACTIVE
01	VOL-MERG,CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1					

TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP					

TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT - INDIVIDUAL 02 FOR PROFIT - PARTNERSHIP 03 FOR PROFIT - CORPORATION 04 NONPROFIT - CHURCH RELATED 05 NONPROFIT - CORPORATION 06 NONPROFIT - OTHER 07 GOVERNMENT - STATE 08 GOVERNMENT - COUNTY 09 GOVERNMENT - CITY 10 GOVERNMENT - CITY/COUNTY 11 GOVERNMENT - HOSPITAL DISTRICT 12 GOVERNMENT - FEDERAL					

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SSA MSA CODE	3	270	272	C	SSAMSACD
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SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
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SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

BEDS - TOTAL	4	291	294	N	PROV0740
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TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE
IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED	4	295	298	N	PROV0755
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NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED
AREAS WITHIN A FACILITY.

COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
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INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN
RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE	1	359	359	C	PROV0290
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INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE
REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
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THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
YEAR.

COBOL NAME: FISC-YR-END-DT

PROGRAM PARTICIPATION	1	434	434	C	PROV1670
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INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,
MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY
2 MEDICAID ONLY
3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS)	1	470	470	C	PROV1545
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THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y	1	471	471	C	PROV1550
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT	7.2	596	602	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME	7.2	603	609	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME	7.2	610	616	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	7.2	617	623	N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME	7.2	624	630	N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME	7.2	631	637	N	PROV0720
BEDS - MEDICARE SNF NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY. COBOL NAME: NUM-T18-SNF-BEDS	4	638	641	N	PROV1445
BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS	4	642	645	N	PROV1455
BEDS - SNF/NF NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS	4	646	649	N	PROV1450
CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT	7.2	650	656	N	PROV1000

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME	7.2	657	663	N	PROV1005
CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME	7.2	664	670	N	PROV1010
CHRISTIAN SCIENCE INDICATOR INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE	1	671	671	C	PROV0110
COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED	1	672	672	C	PROV0225
COMPLIANCE: PATIENT ROOM SIZE INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED	1	673	673	C	PROV0270
COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF. COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RECOMMENDED	1	674	674	C	PROV0295
DENTISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT	7.2	675	681	N	PROV0785
DENTISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME	7.2	682	688	N	PROV0790
DENTISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DENTIST-PART-TIME	7.2	689	695	N	PROV0795
DIETITIANS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT	7.2	696	702	N	PROV0805

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
DIETITIANS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DIET-FULL-TIME	7.2	703	709	N	PROV0810
DIETITIANS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME	7.2	710	716	N	PROV0815
EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES	1	717	717	C	PROV0465
FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT	7.2	718	724	N	PROV0860
FOOD SERVICE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-FOOD-SRV-FULL-TIME	7.2	725	731	N	PROV0865
FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME	7.2	732	738	N	PROV0870
HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT	7.2	739	745	N	PROV0925
HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME	7.2	746	752	N	PROV0930
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME	7.2	753	759	N	PROV0935
LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT	7.2	760	766	N	PROV1465
LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME	7.2	767	773	N	PROV1470

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	7.2	774	780	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM	6	781	786	C	PROV0640
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT	7.2	787	793	N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME	7.2	794	800	N	PROV0965
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME	7.2	801	807	N	PROV0970
MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT	7.2	808	814	N	PROV5180
MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-AID-FULL-TIME	7.2	815	821	N	PROV5170
MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME	7.2	822	828	N	PROV5175
MENTAL HEALTH SERVICES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MEN-HLTH-CONTRACT	7.2	829	835	N	PROV0980
MENTAL HEALTH SERVICES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MEN-HLTH-FULL-TIME	7.2	836	842	N	PROV0985

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MENTAL HEALTH SERVICES - PART TIME THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME	7.2	843	849	N	PROV0990
MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG	38	850	887	C	PROV0680
MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES	1	888	888	C	PROV0675
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT	7.2	889	895	N	PROV5165
NURSE AIDES IN TRNG-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-AID-TRNG-FULL-TIME	7.2	896	902	N	PROV5155
NURSE AIDES IN TRNG-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-AID-TRNG-PART-TIME	7.2	903	909	N	PROV5160
NURSES WITH ADMIN DUTIES-CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-ADM-CONTRACT	7.2	910	916	N	PROV5150
NURSES WITH ADMIN DUTIES-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME	7.2	917	923	N	PROV5135
NURSES WITH ADMIN DUTIES-PART TIME NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-ADM-PART-TIME	7.2	924	930	N	PROV5145
OCCUP THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-AID-CONTRACT	7.2	931	937	N	PROV1020

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SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUP THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME	7.2	938	944	N	PROV1025
OCCUP THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME	7.2	945	951	N	PROV1030
OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT	7.2	952	958	N	PROV5195
OCCUP THERAPY ASST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME	7.2	959	965	N	PROV5185
OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME	7.2	966	972	N	PROV5190
OCCUPATIONAL THERAPIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-THER-CONTRACT	7.2	973	979	N	PROV1035
OCCUPATIONAL THERAPIST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-THER-FULL-TIME	7.2	980	986	N	PROV1040
OCCUPATIONAL THERAPIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-THER-PART-TIME	7.2	987	993	N	PROV1045
ORGANIZED FAMILY GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES	1	994	994	C	PROV1535
ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES	1	995	995	C	PROV1540
OTHER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT	7.2	996	1002	N	PROV3265

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-OTH-FULL-TIME	7.2	1003	1009	N	PROV3245
OTHER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-OTH-PART-TIME	7.2	1010	1016	N	PROV3255
OTHER ACTIVITIES STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-CONTRACT	7.2	1017	1023	N	PROV5270
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2	1024	1030	N	PROV5260
OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME	7.2	1031	1037	N	PROV5305
OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OTH-PHY-CONTRACT	7.2	1038	1044	N	PROV1060
OTHER PHYSICIAN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OTH-PHY-FULL-TIME	7.2	1045	1051	N	PROV1065
OTHER PHYSICIAN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OTH-PHY-PART-TIME	7.2	1052	1058	N	PROV1070
OTHR SOCIAL SERV STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT	7.2	1059	1065	N	PROV5300
OTHR SOCIAL SERV STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME	7.2	1066	1072	N	PROV5290
OTHR SOCIAL SERV STAFF-PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-PART-TIME	7.2	1073	1079	N	PROV5295
PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-PHAR-CONTRACT	7.2	1080	1086	N	PROV1085

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHARMACISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME	7.2	1087	1093	N	PROV1090
PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME	7.2	1094	1100	N	PROV1095
PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY AS ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT	7.2	1101	1107	N	PROV5210
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME	7.2	1108	1114	N	PROV5200
PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME	7.2	1115	1121	N	PROV5205
PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT	7.2	1122	1128	N	PROV1430
PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-FULL-TIME	7.2	1129	1135	N	PROV1435
PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-PART-TIME	7.2	1136	1142	N	PROV1440
PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT	7.2	1143	1149	N	PROV1415
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-AID-FULL-TIME	7.2	1150	1156	N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-AID-PART-TIME	7.2	1157	1163	N	PROV1425
PHYSICIAN EXTENDER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT	7.2	1164	1170	N	PROV3270

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PHYSICIAN EXTENDER - FULL TIME	7.2	1171	1177	N	PROV3250
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.					
COBOL NAME: NUM-PHYS-EXT-FULL-TIME					
PHYSICIAN EXTENDER - PART TIME	7.2	1178	1184	N	PROV3260
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.					
COBOL NAME: NUM-PHYS-EXT-PART-TIME					
PODIATRISTS - CONTRACT	7.2	1185	1191	N	PROV1130
THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-POD-CONTRACT					
PODIATRISTS - FULL TIME	7.2	1192	1198	N	PROV1135
THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-POD-FULL-TIME					
PODIATRISTS - PART TIME	7.2	1199	1205	N	PROV1140
THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-POD-PART-TIME					
PROVIDER BASED FACILITY	1	1206	1206	C	PROV1675
INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED.					
COBOL NAME: PROV-BASED-FACILITY					
VALUES: Y HOSPITAL BASED					
REGISTERED NURSE - CONTRACT	7.2	1207	1213	N	PROV1150
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-REG-NURSE-CONTRACT					
REGISTERED NURSE - FULL TIME	7.2	1214	1220	N	PROV1155
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-REG-NURSE-FULL-TIME					
REGISTERED NURSE - PART TIME	7.2	1221	1227	N	PROV1160
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-REG-NURSE-PART-TIME					
RELATED PROVIDER NUMBER	10	1228	1237	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
RESCIND SUSPENSION DATE	8	1238	1245	C	PROV1825
DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.					
COBOL NAME: RESC-SUSP-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 19
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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RN DIRECTOR OF NURSING - CONTRACT	7.2	1246	1252	N	PROV5130
THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSING UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-RN-DON-CONTRACT					
RN DIRECTOR OF NURSING - FULL TIME	7.2	1253	1259	N	PROV5120
THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-RN-DON-FULL-TIME					
RN DIRECTOR OF NURSING - PART TIME	7.2	1260	1266	N	PROV5140
THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-RN-DON-PART-TIME					
SOCIAL WORKER - CONTRACT	7.2	1267	1273	N	PROV1170
THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-SOCIAL-CONTRACT					
SOCIAL WORKER - FULL TIME	7.2	1274	1280	N	PROV1175
THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-SOCIAL-FULL-TIME					
SOCIAL WORKER - PART TIME	7.2	1281	1287	N	PROV1180
THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-SOCIAL-PART-TIME					
SPECIAL CARE BEDS-AIDS	3	1288	1290	N	PROV0725
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.					
COBOL NAME: NUM-AIDS-BEDS					
SPECIAL CARE BEDS-ALZHEIMERS	3	1291	1293	N	PROV0730
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.					
COBOL NAME: NUM-ALZHEIMERS-BEDS					
SPECIAL CARE BEDS-DIALYSIS	3	1294	1296	N	PROV0800
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.					
COBOL NAME: NUM-DIAL-BEDS					
SPECIAL CARE BEDS-DISABLED CHILD	3	1297	1299	N	PROV0855
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN.					
COBOL NAME: NUM-DIS-CHILD-BEDS					
SPECIAL CARE BEDS-HEAD TRAUMA	3	1300	1302	N	PROV0905
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.					
COBOL NAME: NUM-HEAD-TRAUMA-BEDS					
SPECIAL CARE BEDS-HOSPICE	3	1303	1305	N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.					
COBOL NAME: NUM-HOSPICE-BEDS					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 20
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-HUNTINGTONS	3	1306	1308	N	PROV0940

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
 COBOL NAME: SP-ADM-BLOOD-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1340 1340 C PROV3520
 INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
 SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
 COBOL NAME: SP-ADM-BLOOD-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1341 1341 C PROV3515
 INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
 SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
 COBOL NAME: SP-ADM-BLOOD-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1342 1342 C PROV3495
 INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-CLIN-LAB-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1343 1343 C PROV3490
 INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-CLIN-LAB-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485
 INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.
 COBOL NAME: SP-CLIN-LAB-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 1345 C PROV3435
 INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO
 RESIDENTS.
 COBOL NAME: SP-DENTAL-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: DENTAL-ONSITE-NON RESIDENTS	1	1346	1346	C	PROV3430
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1347 1347 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1348 1348 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1349 1349 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1350 1350 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 1351 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

SRV: MENTAL HEALTH-OFFSITE-RES	1	1354	1354	C	PROV3465
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-OFF-RES					
VALUES: N	SERVICE IS NOT PROVIDED				
Y	SERVICE IS PROVIDED				
SRV: MENTAL HEALTH-ONSITE-NON RES	1	1355	1355	C	PROV3460
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-ON-NON-RES					
VALUES: N	SERVICE IS NOT PROVIDED				
Y	SERVICE IS PROVIDED				
SRV: MENTAL HEALTH-ONSITE-RESID	1	1356	1356	C	PROV3455
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-ON-RES					
VALUES: N	SERVICE IS NOT PROVIDED				
Y	SERVICE IS PROVIDED				
SRV: NURSING-OFFSITE-RESIDENTS	1	1357	1357	C	PROV3315
INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-NURSING-OFF-RES					
VALUES: N	SERVICE IS NOT PROVIDED				
Y	SERVICE IS PROVIDED				
SRV: NURSING-ONSITE-NON RESIDENTS	1	1358	1358	C	PROV3310
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-NURSING-ON-NON-RES					
VALUES: N	SERVICE IS NOT PROVIDED				
Y	SERVICE IS PROVIDED				
SRV: NURSING-ONSITE-RESIDENTS	1	1359	1359	C	PROV3305
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-NURSING-ON-RES					
VALUES: N	SERVICE IS NOT PROVIDED				
Y	SERVICE IS PROVIDED				

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: OCCUP THER-OFFSITE-RESIDENTS	1	1360	1360	C	PROV3360
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-OCC-THER-OFF-RES					
VALUES: N	SERVICE IS NOT PROVIDED				

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255
FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250
FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO NONRESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245
FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285
FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S
ERVICES STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-SOC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: OTH SOC SRV-ONSITE TO NONRES	1	1367	1367	C	PROV5280
INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-OTH-SOC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED					

SRV: OTH SOC SRV-ONSITE TO RES 1 1368 1368 C PROV5275
 FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE
 S STAFF ONSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-SOC-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1369 1369 C PROV3330
 INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO
 RESIDENTS.
 COBOL NAME: SP-PHARMACY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1370 1370 C PROV3325
 INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO
 NON RESIDENTS.
 COBOL NAME: SP-PHARMACY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1371 1371 C PROV3320
 INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-PHARMACY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHYS EXTENDER-ONSITE-RESIDENT	1	1374	1374	C	PROV3290
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-PHYS-EXT-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1375 1375 C PROV3375
 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-PHYS-THER-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1376 1376 C PROV3370
 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-PHYS-THER-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1377 1377 C PROV3365
 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.
 COBOL NAME: SP-PHYS-THER-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1378 1378 C PROV3285
 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO
 RESIDENTS.
 COBOL NAME: SP-PHYS-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1379 1379 C PROV3280
 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
 NON RESIDENTS.
 COBOL NAME: SP-PHYS-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 1380 C PROV3275
 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-PHYS-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PODIATRY-OFFSITE-RESIDENTS	1	1381	1381	C	PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PODIATRY-OFF-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	
SRV: PODIATRY-ONSITE-NON RESIDENTS	1	1382	1382	C	PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 1386 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SPEECH PATH-ONSITE-NON RESID 1 1388 1388 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1389 1389 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1390 1390 C PROV5225

INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1391 1391 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1392 1392 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1393 1393 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1395 1395 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1396 1396 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1397 1397 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1398 1398 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT 7.2 1399 1405 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1406 1412 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1413 1419 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
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A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 TITLE 18 ONLY

CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
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IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 04 SKILLED NURSING FACILITIES

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES: 1	ELIGIBLE TO PARTICIPATE				
2	NOT ELIGIBLE TO PARTICIPATE				

FACILITY NAME 50 75 124 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00366					HIGHMARK MEDICARE SERVICES
00370					BLUE CROSS (RHODE ISLAND)

00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					

COBOL NAME: PRIOR-INTER-CARRIER-NUM
 PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 Y YES

STATE ABBREVIATION 2 180 181 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV
 VALUES: AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AS AMERICAN SAMOA
 AZ ARIZONA
 CA CALIFORNIA
 CN CANADA
 CO COLORADO
 CT CONNECTICUT
 DC DISTRICT OF COLUMBIA

DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29					NEVADA
30					NEW HAMPSHIRE
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS

46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00					ACTIVE
01					VOL-MERG,CLOSE
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	FOR PROFIT - INDIVIDUAL
	02	FOR PROFIT - PARTNERSHIP
	03	FOR PROFIT - CORPORATION
	04	NONPROFIT - CHURCH RELATED
	05	NONPROFIT - CORPORATION
	06	NONPROFIT - OTHER
	07	GOVERNMENT - STATE
	08	GOVERNMENT - COUNTY
	09	GOVERNMENT - CITY
	10	GOVERNMENT - CITY/COUNTY
	11	GOVERNMENT - HOSPITAL DISTRICT
	12	GOVERNMENT - FEDERAL

ZIP CODE 5 260 264 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 9

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SSA MSA CODE	3	270	272	C	SSAMSACD
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SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
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SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

BEDS - TOTAL	4	291	294	N	PROV0740
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TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE
IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED	4	295	298	N	PROV0755
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NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED
AREAS WITHIN A FACILITY.

COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
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INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN
RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES:	1	WAIVER RECOMMENDED
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COMPLIANCE: 24 HR REGISTERED NURSE 1 359 359 C PROV0290
 INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE
 REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-24-HR-RN
 VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
 YEAR.

COBOL NAME: FISC-YR-END-DT
 PROGRAM PARTICIPATION 1 434 434 C PROV1670
 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,
 MEDICAID, OR BOTH PROGRAMS.
 COBOL NAME: PROG-PARTCI
 VALUES: 1 MEDICARE ONLY
 2 MEDICAID ONLY
 3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545
 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.
 COBOL NAME: OVERRIDE-1
 VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 REGIONAL OVERRIDE #2 (STAFFING) 1 471 471 C PROV1550
 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.
 COBOL NAME: OVERRIDE-2
 VALUES: Y RECORD HAS BEEN APPROVED

ACTIVITY PROFESSIONAL - CONTRACT 7.2 596 602 N PROV0695
 THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES
 PROFESSIONALS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-ACT-THER-CONTRACT
 ACTIVITY PROFESSIONAL - FULL TIME 7.2 603 609 N PROV0700
 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES
 PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.
 COBOL NAME: NUM-ACT-THER-FULL-TIME
 ACTIVITY PROFESSIONAL - PART TIME 7.2 610 616 N PROV0705
 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES
 PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.
 COBOL NAME: NUM-ACT-THER-PART-TIME

ADMINISTRATION - CONTRACT	7.2	617	623	N	PROV0710
THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-ADMN-CONTRACT					
ADMINISTRATOR - FULL TIME	7.2	624	630	N	PROV0715
THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY.					
COBOL NAME: NUM-ADMN-FULL-TIME					
ADMINISTRATOR - PART TIME	7.2	631	637	N	PROV0720
THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY.					
COBOL NAME: NUM-ADMN-PART-TIME					
BEDS - MEDICARE SNF	4	638	641	N	PROV1445
NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY.					
COBOL NAME: NUM-T18-SNF-BEDS					
BEDS - NURSING FACILITY	4	642	645	N	PROV1455
NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY.					
COBOL NAME: NUM-T19-SNF-BEDS					
BEDS - SNF/NF	4	646	649	N	PROV1450
NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY.					
COBOL NAME: NUM-T1819-SNF-BEDS					
CERT NURSE AIDES - CONTRACT	7.2	650	656	N	PROV1000
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-NURSE-AID-CONTRACT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CERT NURSE AIDES - FULL TIME	7.2	657	663	N	PROV1005
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-NURSE-AID-FULL-TIME					
CERT NURSE AIDES - PART TIME	7.2	664	670	N	PROV1010
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-NURSE-AID-PART-TIME					
CHRISTIAN SCIENCE INDICATOR	1	671	671	C	PROV0110
INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY					
COBOL NAME: CHRISTIAN-SCIENCE-IND					
VALUES: Y CHRISTIAN SCIENCE					
COMPLIANCE: BEDS PER ROOM WAIVER	1	672	672	C	PROV0225
INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-BEDS-PER-ROOM					
VALUES: 1 WAIVER RECOMMENDED					
COMPLIANCE: PATIENT ROOM SIZE	1	673	673	C	PROV0270
INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN					

RECOMMENDED FOR A FACILITY.
COBOL NAME: COMPL-PATIENT-ROOM-SZ
VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 7 DAY REGISTERED NURSE 1 674 674 C PROV0295
INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE
REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.
COBOL NAME: COMPL-7-DAY-RN
VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 675 681 N PROV0785
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER
CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT
DENTISTS - FULL TIME 7.2 682 688 N PROV0790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME
DENTISTS - PART TIME 7.2 689 695 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME
DIETITIANS - CONTRACT 7.2 696 702 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO
A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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DIETITIANS - FULL TIME	7.2	703	709	N	PROV0810
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THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME
DIETITIANS - PART TIME 7.2 710 716 N PROV0815

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED
BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME
EXPERIMENTAL RESEARCH CONDUCTED 1 717 717 C PROV0465

INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND
TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH
VALUES: Y YES

FOOD SERVICE - CONTRACT	7.2	718	724	N	PROV0860
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THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-FOOD-SRV-CONTRACT
FOOD SERVICE - FULL TIME 7.2 725 731 N PROV0865

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-FULL-TIME

FOOD SERVICE - PART TIME	7.2	732	738	N	PROV0870
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-FOOD-SRV-PART-TIME					
HOUSEKEEPING - CONTRACT	7.2	739	745	N	PROV0925
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-HOUSE-CONTRACT					
HOUSEKEEPING - FULL TIME	7.2	746	752	N	PROV0930
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-HOUSE-FULL-TIME					
HOUSEKEEPING - PART TIME	7.2	753	759	N	PROV0935
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-HOUSE-PART-TIME					
LPN/LVN - CONTRACT	7.2	760	766	N	PROV1465
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-VOC-NURSE-CONTRACT					
LPN/LVN - FULL TIME	7.2	767	773	N	PROV1470
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-VOC-NURSE-FULL-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
LPN/LVN - PART TIME	7.2	774	780	N	PROV1475
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-VOC-NURSE-PART-TIME					
LTC CROSS REFERENCE PROVIDER #	6	781	786	C	PROV0640
THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.					
COBOL NAME: LTC-CROSS-REF-PROV-NUM					
MEDICAL DIRECTOR - CONTRACT	7.2	787	793	N	PROV0960
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-MED-CONTRACT					
MEDICAL DIRECTOR - FULL TIME	7.2	794	800	N	PROV0965
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-FULL-TIME					
MEDICAL DIRECTOR - PART TIME	7.2	801	807	N	PROV0970
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-PART-TIME					

MEDICATION AIDES/TECHS-CONTRACT	7.2	808	814	N	PROV5180
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/					
TECHNICIANS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MED-AID-CONTRACT					
MEDICATION AIDES/TECHS-FULL TIME	7.2	815	821	N	PROV5170
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/					
TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME					
BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME					
MEDICATION AIDES/TECHS-PART TIME	7.2	822	828	N	PROV5175
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/					
TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME					
BASIS.					
COBOL NAME: NUM-MED-AID-PART-TIME					
MENTAL HEALTH SERVICES - CONTRACT	7.2	829	835	N	PROV0980
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH					
SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MEN-HLTH-CONTRACT					
MENTAL HEALTH SERVICES - FULL TIME	7.2	836	842	N	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH					
SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL					
TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-FULL-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MENTAL HEALTH SERVICES - PART TIME	7.2	843	849	N	PROV0990
THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH					
SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART					
TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-PART-TIME					
MULTI-FACILITY ORGANIZATION NAME	38	850	887	C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS					
THE FACILITY.					
COBOL NAME: NAME-MULT-FACL-ORG					
MULTI-FACILITY ORGANIZATION OWNED	1	888	888	C	PROV0675
INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION					
THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.					
COBOL NAME: MULT-FACL-ORG					
VALUES: Y					YES
NURSE AIDES IN TRNG - CONTRACT	7.2	889	895	N	PROV5165
NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING					
UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-AID-TRNG-CONTRACT					
NURSE AIDES IN TRNG-FULL TIME	7.2	896	902	N	PROV5155
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN					
TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-AID-TRNG-FULL-TIME					
NURSE AIDES IN TRNG-PART TIME	7.2	903	909	N	PROV5160

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN
TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
COBOL NAME: NUM-AID-TRNG-PART-TIME

NURSES WITH ADMIN DUTIES-CONTRACT	7.2	910	916	N	PROV5150
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THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH
ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.
COBOL NAME: NUM-NURSE-ADM-CONTRACT

NURSES WITH ADMIN DUTIES-FULL TIME	7.2	917	923	N	PROV5135
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THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH
ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL
TIME BASIS.
COBOL NAME: NUM-NURSE-ADM-FULL-TIME

NURSES WITH ADMIN DUTIES-PART TIME	7.2	924	930	N	PROV5145
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NUMBER OF FULL-TIME EQUIVALENT NURSES WITH
ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A
PART TIME BASIS.
COBOL NAME: NUM-NURSE-ADM-PART-TIME

OCCUP THERAPY AIDE - CONTRACT	7.2	931	937	N	PROV1020
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
THERAPY AIDES UNDER CONTRACT TO A FACILITY.
COBOL NAME: NUM-OCC-AID-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUP THERAPY AIDE - FULL TIME	7.2	938	944	N	PROV1025
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME					
OCCUP THERAPY AIDE - PART TIME	7.2	945	951	N	PROV1030
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME					
OCCUP THERAPY ASST - CONTRACT	7.2	952	958	N	PROV5195
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT					
OCCUP THERAPY ASST - FULL TIME	7.2	959	965	N	PROV5185
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME					
OCCUP THERAPY ASST - PART TIME	7.2	966	972	N	PROV5190
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME					
OCCUPATIONAL THERAPIST - CONTRACT	7.2	973	979	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUPATIONAL THERAPIST - FULL TIME	7.2	980	986	N	PROV1040

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
COBOL NAME: NUM-OCC-THER-FULL-TIME
OCCUPATIONAL THERAPIST - PART TIME 7.2 987 993 N PROV1045
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
COBOL NAME: NUM-OCC-THER-PART-TIME
ORGANIZED FAMILY GROUP 1 994 994 C PROV1535
INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF
FAMILY MEMBERS OF RESIDENTS.
COBOL NAME: ORG-FAMILY-GRP
VALUES: Y YES
ORGANIZED RESIDENT GROUP 1 995 995 C PROV1540
INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS
GROUP.
COBOL NAME: ORG-RESID-GRP
VALUES: Y YES
OTHER - CONTRACT 7.2 996 1002 N PROV3265
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.
COBOL NAME: NUM-OTH-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-OTH-FULL-TIME	7.2	1003	1009	N	PROV3245
OTHER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-OTH-PART-TIME	7.2	1010	1016	N	PROV3255
OTHER ACTIVITIES STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-CONTRACT	7.2	1017	1023	N	PROV5270
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2	1024	1030	N	PROV5260
OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME	7.2	1031	1037	N	PROV5305
OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OTH-PHY-CONTRACT	7.2	1038	1044	N	PROV1060
OTHER PHYSICIAN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS	7.2	1045	1051	N	PROV1065

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-FULL-TIME
 OTHER PHYSICIAN - PART TIME 7.2 1052 1058 N PROV1070
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-PART-TIME
 OTHR SOCIAL SERV STAFF-CONTRACT 7.2 1059 1065 N PROV5300
 NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL
 SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-CONTRACT
 OTHR SOCIAL SERV STAFF-FULL TIME 7.2 1066 1072 N PROV5290
 NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA
 L SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-FULL-TIME
 OTHR SOCIAL SERV STAFF-PART TIME 7.2 1073 1079 N PROV5295
 NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA
 L SERVICES STAFF.
 COBOL NAME: NUM-OTH-SOC-PART-TIME
 PHARMACISTS - CONTRACT 7.2 1080 1086 N PROV1085
 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-PHAR-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHARMACISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME	7.2	1087	1093	N	PROV1090
PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME	7.2	1094	1100	N	PROV1095
PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT	7.2	1101	1107	N	PROV5210
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME	7.2	1108	1114	N	PROV5200
PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME	7.2	1115	1121	N	PROV5205
PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT	7.2	1122	1128	N	PROV1430
PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.	7.2	1129	1135	N	PROV1435

COBOL NAME: NUM-THER-FULL-TIME
 PHYSICAL THERAPISTS - PART TIME 7.2 1136 1142 N PROV1440
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-PART-TIME
 PHYSICAL THERAPY AIDE - CONTRACT 7.2 1143 1149 N PROV1415
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-AID-CONTRACT
 PHYSICAL THERAPY AIDE - FULL TIME 7.2 1150 1156 N PROV1420
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-AID-FULL-TIME
 PHYSICAL THERAPY AIDE - PART TIME 7.2 1157 1163 N PROV1425
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY
 AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-AID-PART-TIME
 PHYSICIAN EXTENDER - CONTRACT 7.2 1164 1170 N PROV3270
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-PHYS-EXT-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME	7.2	1171	1177	N	PROV3250
PHYSICIAN EXTENDER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-PART-TIME	7.2	1178	1184	N	PROV3260
PODIATRISTS - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT	7.2	1185	1191	N	PROV1130
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	7.2	1192	1198	N	PROV1135
PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME	7.2	1199	1205	N	PROV1140
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED. COBOL NAME: PROV-BASED-FACILITY VALUES: Y HOSPITAL BASED	1	1206	1206	C	PROV1675
REGISTERED NURSE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES	7.2	1207	1213	N	PROV1150

UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-REG-NURSE-CONTRACT
 REGISTERED NURSE - FULL TIME 7.2 1214 1220 N PROV1155
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-REG-NURSE-FULL-TIME
 REGISTERED NURSE - PART TIME 7.2 1221 1227 N PROV1160
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-REG-NURSE-PART-TIME
 RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755
 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
 MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
 DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
 WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
 COBOL NAME: RELATED-PROV-NUM
 RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825
 DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS
 TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.
 COBOL NAME: RESC-SUSP-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RN DIRECTOR OF NURSING - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT	7.2	1246	1252	N	PROV5130
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME	7.2	1253	1259	N	PROV5120
RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME	7.2	1260	1266	N	PROV5140
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT	7.2	1267	1273	N	PROV1170
SOCIAL WORKER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME	7.2	1274	1280	N	PROV1175
SOCIAL WORKER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME	7.2	1281	1287	N	PROV1180
SPECIAL CARE BEDS-AIDS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS	3	1288	1290	N	PROV0725
SPECIAL CARE BEDS-ALZHEIMERS	3	1291	1293	N	PROV0730

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH ALZHEIMERS.
COBOL NAME: NUM-ALZHEIMERS-BEDS

SPECIAL CARE BEDS-DIALYSIS	3	1294	1296	N	PROV0800
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THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.
COBOL NAME: NUM-DIAL-BEDS

SPECIAL CARE BEDS-DISABLED CHILD	3	1297	1299	N	PROV0855
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THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR DEISCABLED CHILDREN.
COBOL NAME: NUM-DIS-CHILD-BEDS

SPECIAL CARE BEDS-HEAD TRAUMA	3	1300	1302	N	PROV0905
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THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.
COBOL NAME: NUM-HEAD-TRAUMA-BEDS

SPECIAL CARE BEDS-HOSPICE	3	1303	1305	N	PROV0920
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THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.
COBOL NAME: NUM-HOSPICE-BEDS

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-HUNTINGTONS	3	1306	1308	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE COBOL NAME: NUM-HUNTING-DIS-BEDS					
SPECIAL CARE BEDS-SPEC REHAB	3	1309	1311	N	PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS. COBOL NAME: NUM-SPEC-REHAB-BEDS					
SPECIAL CARE BEDS-VENTILATOR	3	1312	1314	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESPIRATORY CARE NEEDS. COBOL NAME: NUM-VENT-RESP-BEDS					
SPEECH PATHOLOGIST - CONTRACT	7.2	1315	1321	N	PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SPCH-PATH-CONTRACT					
SPEECH PATHOLOGIST - FULL TIME	7.2	1322	1328	N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SPCH-PATH-FULL-TIME					
SPEECH PATHOLOGIST - PART TIME	7.2	1329	1335	N	PROV1200
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SPCH-PATH-PART-TIME					
SRV: ACTIVITIES-OFFSITE-RESIDENTS	1	1336	1336	C	PROV3390
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-OFF-RES					

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1337 1337 C PROV3385
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1338 1338 C PROV3380
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 21
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: BLOOD ADMIN-OFFSITE-RESIDENTS	1	1339	1339	C	PROV3525
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES	1	1340	1340	C	PROV3520
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.					

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS	1	1341	1341	C	PROV3515
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT	1	1342	1342	C	PROV3495
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES	1	1343	1343	C	PROV3490
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-CLIN-LAB-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1344 1344 C PROV3485
 INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1345 1345 C PROV3435
 INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO
 RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DENTAL-ONSITE-NON RESIDENTS	1	1346	1346	C	PROV3430
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-DENTAL-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS	1	1347	1347	C	PROV3425
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-DENTAL-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS	1	1348	1348	C	PROV3345
INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-DIETARY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS	1	1349	1349	C	PROV3340
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-DIETARY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS	1	1350	1350	C	PROV3335
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1351 1351 C PROV3535
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1352 1352 C PROV3540
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1353 1353 C PROV3530
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1354 1354 C PROV3465
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1355 1355 C PROV3460
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1356 1356 C PROV3455
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1357 1357 C PROV3315
INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1358 1358 C PROV3310
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-NURSING-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1359 1359 C PROV3305
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-NURSING-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 24
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1360 1360 C PROV3360
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.
COBOL NAME: SP-OCC-THER-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1361 1361 C PROV3355
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1362 1362 C PROV3350
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1363 1363 C PROV5255
FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1364 1364 C PROV5250
FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO NONRESIDENTS.
COBOL NAME: SP-OTH-ACT-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1365 1365 C PROV5245
 FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
 STAFF ONSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-ACT-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1366 1366 C PROV5285
 FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S
 ERVICES STAFF OFFSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-SOC-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 25
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OTH SOC SRV-ONSITE TO NONRES	1	1367	1367	C	PROV5280
INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.					
COBOL NAME: SP-OTH-SOC-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES	1	1368	1368	C	PROV5275
FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE S STAFF ONSITE TO RESIDENTS.					
COBOL NAME: SP-OTH-SOC-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS	1	1369	1369	C	PROV3330
INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PHARMACY-OFF-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS	1	1370	1370	C	PROV3325
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-PHARMACY-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS	1	1371	1371	C	PROV3320
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-PHARMACY-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1372 1372 C PROV3300
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1373 1373 C PROV3295
 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-PHYS-EXT-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 26
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHYS EXTENDER-ONSITE-RESIDENT	1	1374	1374	C	PROV3290
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-PHYS-EXT-ON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: PHYS THER-OFFSITE-RESIDENTS	1	1375	1375	C	PROV3375
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PHYS-THER-OFF-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: PHYS THER-ONSITE-NON RESIDENT	1	1376	1376	C	PROV3370
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-PHYS-THER-ON-NON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: PHYS THER-ONSITE-RESIDENTS	1	1377	1377	C	PROV3365
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-PHYS-THER-ON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: PHYSICIAN-OFFSITE-RESIDENTS	1	1378	1378	C	PROV3285
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PHYS-OFF-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: PHYSICIAN-ONSITE-NON RESIDENT	1	1379	1379	C	PROV3280
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INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1380 1380 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 27
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1381 1381 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1382 1382 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1383 1383 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1384 1384 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1385 1385 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1386 1386 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1387 1387 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 28
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: SPEECH PATH-ONSITE-NON RESID	1	1388	1388	C	PROV3415
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INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS	1	1389	1389	C	PROV3410
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INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES	1	1390	1390	C	PROV5225
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INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES	1	1391	1391	C	PROV5220
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INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT	1	1392	1392	C	PROV5215
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INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS	1	1393	1393	C	PROV3480
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INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1394 1394 C PROV3475
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
 TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 29
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: VOCATIONAL-ONSITE-RESIDENTS	1	1395	1395	C	PROV3470
INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-VOC-GUID-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS	1	1396	1396	C	PROV3510
INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-DIAG-XRAY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS	1	1397	1397	C	PROV3505
INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS	1	1398	1398	C	PROV3500
INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-DIAG-XRAY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT	7.2	1399	1405	N	PROV5240
NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.					

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME	7.2	1406	1412	N	PROV5230
NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.					

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME	7.2	1413	1419	N	PROV5235
NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.					

COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 HOME HEALTH AGENCY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 05 HOME HEALTH AGENCIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695

CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES: 1		ELIGIBLE TO PARTICIPATE			
2		NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES: 00000		DUMMY FOR MEDICAID HHA			
00011		CAHABA			
00030		BLUE CROSS (ARIZONA)			
00040		BLUE CROSS (CALIFORNIA)			
00121		HEALTH CARE SERVICE CORPORATION			
00122		HCSC - MICHIGAN			
00123		HCSC OF MICHIGAN			
00131		ADMINISTAR FEDERAL (CHICAGO)			
00140		BLUE CROSS (IOWA/SOUTH DAKOTA)			
00150		BLUE CROSS (KANSAS)			
00180		BLUE CROSS (MAINE)			
00230		BLUE CROSS (MISSISSIPPI)			
00290		BLUE CROSS (NEW MEXICO)			
00332		COMMUNITY MUTUAL INSURANCE CO			
00362		BLUE CROSS (INDEPENDENCE)			
00366		HIGHMARK MEDICARE SERVICES			
00370		BLUE CROSS (RHODE ISLAND)			
00380		BLUE CROSS (SOUTH CAROLINA)			
00400		BLUE CROSS (TEXAS)			
00410		BLUE CROSS (UTAH)			
00450		BLUE CROSS (WISCONSIN)			

00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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01390	AETNA (WASHINGTON)
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
51051	AETNA (PETALUMA)
51100	AETNA (CLEARWATER)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					

COBOL NAME: MEDICAID-VEND-NUM

PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					

COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					

COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					

COBOL NAME: PROV-NUM

RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					

COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE					

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
05	V				CHICAGO
06	VI				DALLAS
07	VII				KANSAS CITY
08	VIII				DENVER
09	IX				SAN FRANCISCO
10	X				SEATTLE

SKELETON RECORD INDICATOR	1	179	179	C	PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.					
COBOL NAME: SKELETON-IND					
VALUES:	Y	YES			

STATE ABBREVIATION	2	180	181	C	PROV3230
STATE ABBREVIATION					
COBOL NAME: STATE-ABBREV					
VALUES:	AK	ALASKA			
	AL	ALABAMA			
	AR	ARKANSAS			
	AS	AMERICAN SAMOA			
	AZ	ARIZONA			
	CA	CALIFORNIA			
	CN	CANADA			
	CO	COLORADO			
	CT	CONNECTICUT			
	DC	DISTRICT OF COLUMBIA			
	DE	DELAWARE			
	FL	FLORIDA			
	GA	GEORGIA			
	GU	GUAM			
	HI	HAWAII			
	IA	IOWA			
	ID	IDAHO			
	IL	ILLINOIS			
	IN	INDIANA			
	KS	KANSAS			
	KY	KENTUCKY			
	LA	LOUISIANA			
	MA	MASSACHUSETTS			
	MD	MARYLAND			
	ME	MAINE			
	MI	MICHIGAN			

MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA
NY					NEW YORK
OH					OHIO
OK					OKLAHOMA
OR					OREGON
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01 ALABAMA
 02 ALASKA
 03 ARIZONA
 04 ARKANSAS
 05 CALIFORNIA
 06 COLORADO
 07 CONNECTICUT
 08 DELAWARE
 09 DISTRICT OF COLUMBIA
 10 FLORIDA
 11 GEORGIA
 12 HAWAII

13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
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FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

WITHIN THE STATE WHERE THE FACILITY IS LOCATED
COBOL NAME: STATE-REGION-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION					
VALUES:	1	INITIAL			
	2	RECERTIFICATION			
	3	TERMINATION			
	4	CHANGE OF OWNERSHIP			
	5	VALIDATION (ACCRD)			
TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL					
VALUES:	01	VOL. NON-PROF. - RELIGIOUS AFF.			
	02	VOLUNTARY NON-PROFIT - PRIVATE			
	03	VOLUNTARY NON-PROFIT - OTHER			
	04	PROPRIETARY			

05	GOVERNMENT - STATE/COUNTY
06	GOVERNMENT - COMB. GOVT & VOL.

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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07	GOVERNMENT - LOCAL
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ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
ACCREDITATION INDICATOR	1	290	290	C	PROV0010
INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR					
THE ACCREDITATION OF THE PROVIDER.					
COBOL NAME: ACCRED-STAT					
VALUES:	0	NONE			
	1	JCAHO			
	2	CHAP			
DIETICIANS	7.2	371	377	N	PROV0820
NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A					
FACILITY.					
COBOL NAME: NUM-DIETICIANS					
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL					
YEAR.					
COBOL NAME: FISC-YR-END-DT					
LICENSED PRACT/VOCAT NURSES	7.2	382	388	N	PROV0955
NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR					
VOCATIONAL NURSES EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-LPN-LVN					
OCCUPATIONAL THERAPISTS	7.2	405	411	N	PROV1050
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL					
THERAPISTS EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-OCCUP-THERAPISTS					
OTHER PERSONNEL	7.2	412	418	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED					
PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 1 MEDICARE ONLY 2 MEDICAID ONLY 3 MEDICARE AND MEDICAID	1	434	434	C	PROV1670
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS BEEN APPROVED	1	471	471	C	PROV1550
REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS	7.2	473	479	N	PROV1145
REGISTERED PHARMACISTS THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHARMACIST-REG	7.2	480	486	N	PROV1100
SRV: OCCUPATIONAL THERAPY INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-OCCUP-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	558	558	C	PROV2270
SRV: PHARMACY INDICATES HOW PHARMACY SERVICES ARE PROVIDED. COBOL NAME: SP-PHARMACY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	569	569	C	PROV2365
SRV: PHYSICAL THERAPY INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	570	570	C	PROV2370

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF FACILITY	2	593	594	C	PROV2890
INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.					
COBOL NAME: TYPE-FACILITY					
VALUES:	01	VISITING NURSE ASSOCIATION			
	02	COMBINATION GOVERNMENT VOLUNTARY			
	03	OFFICIAL HEALTH AGENCY			
	04	REHABILITATION FACILITY BASED PROGRAM			
	05	HOSPITAL BASED PROGRAM			
	06	SKILLED NURSING FACILITY BASED PROGRAM			
	07	OTHER			
RELATED PROVIDER NUMBER	10	1228	1237	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
AIDE TRAINING/COMPETENCY PROGRAMS	1	1420	1420	C	PROV0555
INDICATES HOW THE AGENCY PROVIDES HOME HEALTH AIDE TRAINING AND COMPETENCY EVALUATION PROGRAMS.					
COBOL NAME: HHA-PROVIDES-DIRECT					
VALUES:	1	AIDE TRAINING			
	2	COMPETENCY EVALUATION PROG.			
	3	AIDE TRAINING AND COMPETENCY PROG.			
	4	NEITHER			
BRANCH OPERATION INDICATOR	1	1421	1421	C	PROV1525
INDICATES IF THE AGENCY OPERATES ANY BRANCHES.					
COBOL NAME: OPERS-BRANCHES					
VALUES:	N	NO			
	Y	YES			
BRANCHES	3	1422	1424	N	PROV0745
THE NUMBER OF BRANCHES OPERATED BY THE AGENCY.					
COBOL NAME: NUM-BRANCHES					
CHANGE OF OWNERSHIP INDICATOR	1	1425	1425	C	PROV0105
INDICATES IF A HOME HEALTH AGENCY HAS UNDERGONE A CHANGE OF OWNERSHIP SINCE THE LAST SURVEY.					
COBOL NAME: CHOW-IND					
VALUES:	N	NO			
	Y	YES			
HHA QUALIFIED FOR OPT	1	1426	1426	C	PROV0560
INDICATES IF A HOME HEALTH AGENCY IS QUALIFIED TO PROVIDE OUTPATIENT PHYSICAL THERAPY/SPEECH SERVICES.					
COBOL NAME: HHA-QUAL-FOR-OPT					
VALUES:	N	NO			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y	YES				
HOME HEALTH AIDES	7.2	1427	1433	N	PROV0910
NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE. COBOL NAME: NUM-HOME-HEALTH-AIDES					
HOSPICE INDICATOR	1	1434	1434	C	PROV0665
INDICATES IF THE HOME HEALTH AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM AS A HOSPICE. COBOL NAME: MEDICARE-CERT-HOSPICE VALUES: N NO Y YES					
MEDICARE HOSPICE PROVIDER NUMBER	6	1435	1440	C	PROV0570
IF THE AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM AS A HOSPICE, THE HOSPICE PROVIDER NUMBER. COBOL NAME: HOSPICE-PROV-NUM					
MEDICARE/MEDICAID PROVIDER NUMBER	6	1441	1446	C	PROV0650
IF THE AGENCY IS BASED IN ANOTHER MEDICARE OR MEDICAID FACILITY, THE PROVIDER NUMBER OF THAT FACILITY. COBOL NAME: MEDICAID-CARE-VEND-NUM					
SOCIAL WORKERS	7.2	1447	1453	N	PROV1185
THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY. COBOL NAME: NUM-SOCIAL-WRKS					
SPEECH PATHOLOGISTS, AUDIOLOGISTS	7.2	1454	1460	N	PROV1220
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-SPEECH-PATH-AUDIO					
SRV: APPLIANCE AND EQUIPMENT	1	1461	1461	C	PROV2075
INDICATES HOW APPLIANCE AND EQUIPMENT SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY. COBOL NAME: SP-APPLIANCE-EQUIP VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION					
SRV: HOME HEALTH AIDE/HOMEMAKER	1	1462	1462	C	PROV2155
INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY. COBOL NAME: SP-HH-AIDE-HOMEMAKER VALUES: 0 NOT PROVIDED 1 PROVIDED BY AGENCY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: INTERNS AND RESIDENTS INDICATES HOW INTERN AND RESIDENT SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY. COBOL NAME: SP-INTERNS-RESIDENTS VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	1463	1463	C	PROV2195
SRV: MEDICAL SOCIAL INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED COBOL NAME: SP-MEDICAL-SOCIAL VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	1464	1464	C	PROV2220
SRV: NURSING INDICATES HOW NURSING SERVICES ARE PROVIDED. COBOL NAME: SP-NURSING VALUES: 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	1465	1465	C	PROV2250
SRV: NUTRITIONAL GUIDANCE INDICATES HOW NUTRITIONAL GUIDANCE SERVICES ARE PROVIDED. COBOL NAME: SP-NUTRITION-GUIDANCE VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	1466	1466	C	PROV2255
SRV: OTHER INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED. COBOL NAME: SP-OTHER VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	1467	1467	C	PROV2340
SRV: SPEECH THERAPY INDICATES HOW SPEECH THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-SPEECH-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT	1	1468	1468	C	PROV2520

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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3	COMBINATION				
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SRV: VOCATIONAL GUIDANCE	1	1469	1469	C	PROV2535
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INDICATES HOW VOCATIONAL GUIDANCE SERVICES ARE PROVIDED

COBOL NAME: SP-VOCAT-GUIDANCE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY AGENCY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SUBUNIT INDICATOR	1	1470	1470	C	PROV2725
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INDICATES IF THE AGENCY IS A SUBUNIT OF ANOTHER AGENCY.

COBOL NAME: SUBUNIT-IND

VALUES: N NO

Y YES

SUBUNIT OPERATION INDICATOR	1	1471	1471	C	PROV1530
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INDICATES IF THE AGENCY OPERATES ANY SUBUNITS.

COBOL NAME: OPERS-SUBUNITS

VALUES: N NO

Y YES

SUBUNITS	3	1472	1474	N	PROV1240
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THE NUMBER OF SUBUNITS OPERATED BY THE AGENCY.

COBOL NAME: NUM-SUBUNITS

SURETY BOND INDICATOR	1	1475	1475	C	PROV5680
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SURETY BOND INDICATOR, VALID VALUES ARE "N" OR "Y" OR "W"

COBOL NAME: SURETY-BOND-IND

VALUES: N NO

W WAIVER

Y YES

PHYSICAL THERAPISTS ON STAFF	7.2	1506	1512	N	PROV1120
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THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR

A HOME HEALTH AGENCY PROVIDER.

COBOL NAME: NUM-PHYS-THERAPISTS

SRV: LABORATORY	1	1722	1722	C	PROV2200
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INDICATES HOW LABORATORY SERVICES ARE PROVIDED.

COBOL NAME: SP-LABORATORY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 X-RAY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 07 PORTABLE X-RAY SUPPLIERS	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES:	1	ELIGIBLE TO PARTICIPATE			
	2	NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	00011	CAHABA			
	00122	HCSC - MICHIGAN			
	00131	ADMINISTAR FEDERAL (CHICAGO)			
	00452	UNITED GOVT SERVICES			
	00454	USG CALIFORNIA			
	00510	BLUE SHIELD (ALABAMA)			
	00511	CAHABA			
	00520	BLUE SHIELD (ARKANSAS)			
	00528	BLUE SHIELD (ARKANSAS/LOUISIANA)			
	00542	BLUE SHIELD (CALIFORNIA)			
	00550	BLUE SHIELD (COLORADO)			
	00570	BLUE SHIELD (DELAWARE)			
	00580	BLUE SHIELD (DISTRICT OF COLUMBIA)			
	00590	BLUE SHIELD (FLORIDA)			
	00621	BLUE SHIELD (ILLINOIS)			
	00630	BLUE SHIELD (INDIANA)			
	00640	BLUE SHIELD (IOWA)			
	00650	BLUE SHIELD (KANSAS)			
	00655	BLUE SHIELD (KANSAS/NEBRASKA)			
	00660	BLUE SHIELD (KENTUCKY)			
	00690	BLUE SHIELD (MARYLAND)			
	00700	BLUE SHIELD (MASSACHUSETTS)			
	00710	BLUE SHIELD (MICHIGAN)			
	00720	BLUE SHIELD (MINNESOTA)			
	00740	BLUE SHIELD (KANSAS CITY)			
	00751	BLUE SHIELD (MONTANA)			
	00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)			
	00780	BLUE SHIELD (TRI-STATE)			

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

00801	BLUE SHIELD (BUFFALO)
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
00880	BLUE SHIELD (SOUTH CAROLINA)
00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
00910	BLUE SHIELD (UTAH)
00930	BLUE SHIELD (WASHINGTON)
00951	WISCONSIN PHYSICIANS SERVICE
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
00973	BLUE SHIELD (PUERTO RICO)
00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

31146

NATIONAL HERITAGE INSURANCE

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			
REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.					
COBOL NAME: REGION					
VALUES:	01	I	BOSTON		
	02	II	NEW YORK		
	03	III	PHILADELPHIA		
	04	IV	ATLANTA		
	05	V	CHICAGO		
	06	VI	DALLAS		
	07	VII	KANSAS CITY		
	08	VIII	DENVER		
	09	IX	SAN FRANCISCO		
	10	X	SEATTLE		

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV
 VALUES: AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AS AMERICAN SAMOA
 AZ ARIZONA
 CA CALIFORNIA
 CN CANADA
 CO COLORADO
 CT CONNECTICUT
 DC DISTRICT OF COLUMBIA
 DE DELAWARE
 FL FLORIDA
 GA GEORGIA
 GU GUAM
 HI HAWAII
 IA IOWA
 ID IDAHO
 IL ILLINOIS
 IN INDIANA
 KS KANSAS
 KY KENTUCKY
 LA LOUISIANA
 MA MASSACHUSETTS
 MD MARYLAND
 ME MAINE
 MI MICHIGAN
 MN MINNESOTA
 MO MISSOURI
 MP SAIPAN
 MS MISSISSIPPI
 MT MONTANA
 MX MEXICO
 NC NORTH CAROLINA
 ND NORTH DAKOTA
 NE NEBRASKA
 NH NEW HAMPSHIRE
 NJ NEW JERSEY
 NM NEW MEXICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NV					NEVADA

NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
24					MINNESOTA
25					MISSISSIPPI

26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID					

PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
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THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION	1	257	257	C	PROV2880
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IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	258	259	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	INDIVIDUAL
	02	PARTNERSHIP
	03	CORPORATION
	04	OTHER THAN PRIVATE

ZIP CODE	5	260	264	C	PROV2905
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THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE	2	265	266	C	FIPSTATE
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FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE	3	267	269	C	FIPCNTY
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FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE	3	270	272	C	SSAMSACD
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SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 9

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
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SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
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THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.

COBOL NAME: FISC-YR-END-DT

OTHER PERSONNEL 7.2 412 418 N PROV1075

THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.

COBOL NAME: NUM-OTHER-PERSNL

DIRECTOR QUALIFICATIONS 1 1476 1476 C PROV1715

INDICATES THE QUALIFICATIONS OF THE DIRECTOR OF A SUPPLIER OF PORTABLE X-RAY SERVICES.

COBOL NAME: QUAL-OF-DIRECTOR

VALUES: 1 PHYSICIAN
2 PHD/SCD
3 MS/MA
4 BS/BA
5 OTHER

TECHNOLOGISTS - ASSOC DEGREE 7.2 1477 1483 N PROV0735

THE NUMBER OF TECHNOLOGISTS WITH ASSOCIATE DEGREES IN RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-AS-RADIO-TECH

TECHNOLOGISTS - BS/BA DEGREE 7.2 1484 1490 N PROV0750

NUMBER OF TECHNOLOGISTS WITH BACHELOR OF SCIENCE OR BACHELOR OF ARTS DEGREES IN RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-BS-BA-RAD-TECH

TECHNOLOGISTS - 2 YEAR RADIOLOGY 7.2 1491 1497 N PROV1515

THE NUMBER OF FULL-TIME EQUIVALENT TECHNOLOGISTS EMPLOYED BY A PORTABLE X-RAY PROVIDER WHO ARE GRADUATES OF A TWO YEAR APPROVED SCHOOL OF RADIOLOGIC TECHNOLOGY.
COBOL NAME: NUM-2YR-RADIO-TECH

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 1

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 OPT OR SPECH PATHOLOGY

CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.					
COBOL NAME: CATEGORY					
VALUES: 08	OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY				

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					

CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					

CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					

COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				

COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				

COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					

CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					

CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
00011 CAHABA
00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)
00060 BLUE CROSS (CONNECTICUT)
00070 BLUE CROSS (DELAWARE)
00090 BLUE CROSS (FLORIDA)
00101 BLUE CROSS (GEORGIA)
00121 HEALTH CARE SERVICE CORPORATION
00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)
00131 ADMINISTAR FEDERAL (CHICAGO)
00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
00150 BLUE CROSS (KANSAS)
00160 BLUE CROSS (KENTUCKY)
00180 BLUE CROSS (MAINE)
00190 BLUE CROSS (MARYLAND)
00200 BLUE CROSS (MASSACHUSETTS)
00210 BLUE CROSS (MICHIGAN)
00220 BLUE CROSS (MINNESOTA)
00230 BLUE CROSS (MISSISSIPPI)
00231 BLUE CROSS (LOUISIANA)
00241 BLUE CROSS (MISSOURI)
00250 BLUE CROSS (MONTANA)
00260 BLUE CROSS (NEBRASKA)
00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 3

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)

00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	CAHABA
00520	BLUE SHIELD (ARKANSAS)
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
00542	BLUE SHIELD (CALIFORNIA)
00550	BLUE SHIELD (COLORADO)
00570	BLUE SHIELD (DELAWARE)
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
00590	BLUE SHIELD (FLORIDA)
00621	BLUE SHIELD (ILLINOIS)
00630	BLUE SHIELD (INDIANA)
00640	BLUE SHIELD (IOWA)
00650	BLUE SHIELD (KANSAS)
00655	BLUE SHIELD (KANSAS/NEBRASKA)
00660	BLUE SHIELD (KENTUCKY)
00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MASSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00803					BLUE SHIELD (EMPIRE)
00805					BLUE SHIELD OF NEW YORK
00820					BLUE SHIELD (NORTH DAKOTA)
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)

00883	PALMETTO
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
00910	BLUE SHIELD (UTAH)
00930	BLUE SHIELD (WASHINGTON)
00951	WISCONSIN PHYSICIANS SERVICE
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
00973	BLUE SHIELD (PUERTO RICO)
00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERITAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA

57400

COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER 15 130 144 C PROV0655
 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
 STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
 PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

PARTICIPATION DATE 8 145 152 C PROV1565
 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
 MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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POS RECORD LAYOUT

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OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
06	VI	DALLAS			
07	VII	KANSAS CITY			
08	VIII	DENVER			
09	IX	SAN FRANCISCO			
10	X	SEATTLE			

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND
VALUES: Y

YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
18					KENTUCKY
19					LOUISIANA
20					MAINE
21					MARYLAND
22					MASSACHUSETTS
23					MICHIGAN
24					MINNESOTA
25					MISSISSIPPI
26					MISSOURI
27					MONTANA
28					NEBRASKA
29					NEVADA

30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

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STATE REGION CODE              3      184  186  C      PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
WITHIN THE STATE WHERE THE FACILITY IS LOCATED
COBOL NAME: STATE-REGION-CD
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* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	VOL. NON-PROF. NOT CHURCH
	02	VOLUNTARY NON PROFIT CHURCH
	03	STATE GOVERNMENT
	04	LOCAL GOVERNMENT
	05	COMBINATION GOVERNMENT & VOL.
	06	PROPRIETARY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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POS RECORD LAYOUT

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OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					

COBOL NAME: WS-SSA-MSA-SIZE-CD
FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
YEAR.
COBOL NAME: FISC-YR-END-DT
OCCUPATIONAL THERAPISTS 7.2 405 411 N PROV1050
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL
THERAPISTS EMPLOYED BY A PROVIDER.
COBOL NAME: NUM-OCCUP-THERAPISTS
PHYSICAL THERAPISTS 7.2 420 426 N PROV1125
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
EMPLOYED BY A PROVIDER.
COBOL NAME: NUM-PHYS-THERAPY
TYPE OF FACILITY 2 593 594 C PROV2890
INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF
FACILITY.
COBOL NAME: TYPE-FACILITY
VALUES: 01 HOSPITAL
02 SKILLED NURSING FACILITY
03 HOME HEALTH AGENCY
04 REHABILITATION AGENCY
05 PUBLIC CLINIC
06 PRIVATE CLINIC
07 PUBLIC HEALTH AGENCY
RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
COBOL NAME: RELATED-PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEECH PATHOLOGISTS, AUDIOLOGISTS THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-SPEECH-PATH-AUDIO	7.2	1454	1460	N	PROV1220
DOES FACIL. PROVIDES OPT OCCUP DOES FACILITY PROVIDE OCCUPATIONAL THERAPY SERVICES ?? COBOL NAME: PROVIDES-OCCUP-THERAPY VALUES: N NO Y YES	1	1498	1498	C	PROV1685
PHYSICAL THERAPIST - ARRANGEMENT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL THERAPY FACILITY. COBOL NAME: NUM-PHY-THER-ARGNM	7.2	1499	1505	N	PROV1105

PHYSICAL THERAPISTS ON STAFF 7.2 1506 1512 N PROV1120
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR
 A HOME HEALTH AGENCY PROVIDER.
 COBOL NAME: NUM-PHYS-THERAPISTS

SPEECH PATHOLOGISTS - ARRANGEMENT 7.2 1513 1519 N PROV1215
 THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
 EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL
 THERAPY FACILITY.
 COBOL NAME: NUM-SPEECH-PATH-AR

SPEECH PATHOLOGISTS - TOTAL 7.2 1520 1526 N PROV1210
 THE TOTAL NUMBER OF FULL-TIME EQUIVALENT SPEECH
 PATHOLOGISTS ON STAFF AND BY ARRANGEMENT IN AN
 OUTPATIENT PHYSICAL THERAPY FACILITY.
 COBOL NAME: NUM-SPEECH-PATH

SRV: PHYSICAL THERAPY/SPEECH PATH 1 1527 1527 C PROV2500
 INDICATES IF PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY
 SERVICES ARE PROVIDED BY A OUTPATIENT PHYSICAL
 THERAPY PROVIDER.
 COBOL NAME: SP-SPEECH-AND-PATH

VALUES: 1 PHYSICAL THERAPY
 2 SPEECH PATHOLOGY
 3 BOTH
 4 OCCUPATIONAL THERAPY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 END STAGE RENAL DISEASE	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 09 END STAGE RENAL DISEASE FACILITIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095

CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES: 1	ELIGIBLE TO PARTICIPATE				
2	NOT ELIGIBLE TO PARTICIPATE				
FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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POS RECORD LAYOUT

PAGE: 3

END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00366					HIGHMARK MEDICARE SERVICES
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)

00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00901	TRAILBLAZERS HEALTH ENTERPRISES
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,	10	166	175	C	PROV1680

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	GA	GEORGIA
	GU	GUAM
	HI	HAWAII

IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.
COBOL NAME: SSA-STATE
VALUES: 01 ALABAMA

02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				

51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
 WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 187 236 C PROV2720
 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
 PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.
 COBOL NAME: TERM-CD-1
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00					ACTIVE
01					VOL-MERG,CLOSE
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION
 VALUES: 1 INITIAL
 2 RECERTIFICATION
 3 TERMINATION
 4 CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL					
VALUES:	01				FOR PROFIT
	02				NOT FOR PROFIT
	03				PUBLIC
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
DIETICIANS	7.2	371	377	N	PROV0820
NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY. COBOL NAME: NUM-DIETICIANS					
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT					
OTHER PERSONNEL	7.2	412	418	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL					
REGISTERED NURSES	7.2	473	479	N	PROV1145
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS					
MULTI-FACILITY ORGANIZATION NAME	38	850	887	C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG					
MULTI-FACILITY ORGANIZATION OWNED	1	888	888	C	PROV0675
INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG					

VALUES: Y YES

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

SOCIAL WORKERS 7.2 1447 1453 N PROV1185

THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS
EMPLOYED BY THE AGENCY.

COBOL NAME: NUM-SOCIAL-WRKS

ESRD NETWORK # 2 1528 1529 C PROV0685

THE NUMBER OF THE NETWORK TO WHICH THE END STAGE RENAL
DIALYSIS FACILITY IS ASSIGNED.

COBOL NAME: NETWORK-NUM

VALUES: 01 CONN-MAINE-MASS-NEW HAMP-RHODE ISLAND-VERMONT
02 NEW YORK
03 NEW JERSEY, PUERTO RICO AND VIRGIN ISLAND
04 DELAWARE AND PENNSYLVANIA
05 DIST OF COLUM-MARYLAND-VIRGINIA-WEST VIRGINIA
06 GEORGIA, SOUTH CAROLINA AND NORTH CAROLINA
07 FLORIDA
08 ALABAMA, MISSISSIPPI AND TENNESSEE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
09					INDIANA, KENTUCKY AND OHIO
10					ILLINOIS
11					MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN
12					IOWA, KANSAS, MISSOURI AND NEBRASKA
13					ARKANSAS, LOUISIANA AND OKLAHOMA
14					TEXAS
15					ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING
16					ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON
17					COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM
18					COUNTIES IN SOUTHERN CALIFORNIA

NUMBER OF PATIENTS TUE. 4TH SHIFT 3 1530 1532 N PROV5540

NUMBER OF PATIENTS TUE. 4TH SHIFT
COBOL NAME: NUM-PATIENT-TUE-SHIFT-4

STATIONS - HEMODIALYSIS 3 1533 1535 N PROV1230

THE TOTAL NUMBER OF HEMODIALYSIS STATIONS IN AN END
STAGE RENAL DISEASE (ESRD) FACILITY.

COBOL NAME: NUM-STATIONS-HEMO

STATIONS - TOTAL 3 1536 1538 N PROV2855

THE TOTAL NUMBER OF APPROVED DIALYSIS STATIONS IN AN
END STAGE RENAL DIALYSIS FACILITY.

COBOL NAME: TOT-STATIONS

HOSPITAL BASED INDICATOR 1 1706 1706 C PROV0565

HOSPITAL BASED INDICATOR
COBOL NAME: HOSP-BASED-IND

VALUES: Y

HOSPITAL BASED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19 ONLY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 10 NURSING FACILITIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.	1	43	43	C	PROV0220

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00452 UNITED GOVT SERVICES
00454 USG CALIFORNIA
00511 CAHABA
00883 PALMETTO
00952 WPS - ILLINOIS
00953 WPS - MICHIGAN
00954 WI PHYSICIAN SERVICES - MN

01390	AETNA (WASHINGTON)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			
REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.					
COBOL NAME: REGION					
VALUES:	01	I	BOSTON		
	02	II	NEW YORK		
	03	III	PHILADELPHIA		
	04	IV	ATLANTA		
	05	V	CHICAGO		
	06	VI	DALLAS		
	07	VII	KANSAS CITY		
	08	VIII	DENVER		
	09	IX	SAN FRANCISCO		
	10	X	SEATTLE		

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

STATE ABBREVIATION 2 180 181 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV
 VALUES: AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AS AMERICAN SAMOA
 AZ ARIZONA
 CA CALIFORNIA
 CN CANADA
 CO COLORADO
 CT CONNECTICUT
 DC DISTRICT OF COLUMBIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA

NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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STATE CODE (SSA)	2	182	183	C	PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.					

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI

27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
FACILITY WAS TERMINATED.
COBOL NAME: EXP-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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TYPE OF ACTION	1	257	257	C	PROV2880
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IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	258	259	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	FOR PROFIT - INDIVIDUAL
	02	FOR PROFIT - PARTNERSHIP
	03	FOR PROFIT - CORPORATION
	04	NONPROFIT - CHURCH RELATED
	05	NONPROFIT - CORPORATION
	06	NONPROFIT - OTHER
	07	GOVERNMENT - STATE
	08	GOVERNMENT - COUNTY
	09	GOVERNMENT - CITY
	10	GOVERNMENT - CITY/COUNTY
	11	GOVERNMENT - HOSPITAL DISTRICT
	12	GOVERNMENT - FEDERAL

ZIP CODE	5	260	264	C	PROV2905
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THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE	2	265	266	C	FIPSTATE
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FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
BEDS - TOTAL	4	291	294	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE					
IN NON-PARTICIPATING OR NON-LICENSED AREAS.					
COBOL NAME: NUM-BEDS					

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - TOTAL CERTIFIED	4	295	298	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED					
AREAS WITHIN A FACILITY.					
COBOL NAME: NUM-CERT-BEDS					
COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN					
RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES: 1 WAIVER RECOMMENDED					
COMPLIANCE: 24 HR REGISTERED NURSE	1	359	359	C	PROV0290
INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE					
REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-24-HR-RN					
VALUES: 1 WAIVER RECOMMENDED					
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL					
YEAR.					
COBOL NAME: FISC-YR-END-DT					
PROGRAM PARTICIPATION	1	434	434	C	PROV1670
INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,					
MEDICAID, OR BOTH PROGRAMS.					
COBOL NAME: PROG-PARTCI					
VALUES: 2 MEDICAID ONLY					
REGIONAL OVERRIDE #1 (NUMBER BEDS)	1	470	470	C	PROV1545
THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE					
HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS					
SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE					
ODIE DATA ENTRY SYSTEM.					
COBOL NAME: OVERRIDE-1					
VALUES: Y RECORD HAS BEEN APPROVED					

REGIONAL OVERRIDE #2 (STAFFING) 1 471 471 C PROV1550
 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.
 COBOL NAME: OVERRIDE-2
 VALUES: Y RECORD HAS BEEN APPROVED

ACTIVITY PROFESSIONAL - CONTRACT 7.2 596 602 N PROV0695
 THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES
 PROFESSIONALS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-ACT-THER-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME	7.2	603	609	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME	7.2	610	616	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	7.2	617	623	N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME	7.2	624	630	N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME	7.2	631	637	N	PROV0720
BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS	4	642	645	N	PROV1455
CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT	7.2	650	656	N	PROV1000
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME	7.2	657	663	N	PROV1005
CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE	7.2	664	670	N	PROV1010

AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-NURSE-AID-PART-TIME
 COMPLIANCE: BEDS PER ROOM WAIVER 1 672 672 C PROV0225
 INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT
 HAS BEEN RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-BEDS-PER-ROOM
 VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 673 673 C PROV0270
 INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN
 RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-PATIENT-ROOM-SZ
 VALUES: 1 WAIVER RECOMMENDED

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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF. COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RECOMMENDED	1	674	674	C	PROV0295
DENTISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT	7.2	675	681	N	PROV0785
DENTISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME	7.2	682	688	N	PROV0790
DENTISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DENTIST-PART-TIME	7.2	689	695	N	PROV0795
DIETITIANS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT	7.2	696	702	N	PROV0805
DIETITIANS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DIET-FULL-TIME	7.2	703	709	N	PROV0810
DIETITIANS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME	7.2	710	716	N	PROV0815
EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES	1	717	717	C	PROV0465

FOOD SERVICE - CONTRACT	7.2	718	724	N	PROV0860
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-FOOD-SRV-CONTRACT					
FOOD SERVICE - FULL TIME	7.2	725	731	N	PROV0865
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-FOOD-SRV-FULL-TIME					
FOOD SERVICE - PART TIME	7.2	732	738	N	PROV0870
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-FOOD-SRV-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOUSEKEEPING - CONTRACT	7.2	739	745	N	PROV0925
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-HOUSE-CONTRACT					
HOUSEKEEPING - FULL TIME	7.2	746	752	N	PROV0930
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-HOUSE-FULL-TIME					
HOUSEKEEPING - PART TIME	7.2	753	759	N	PROV0935
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-HOUSE-PART-TIME					
LPN/LVN - CONTRACT	7.2	760	766	N	PROV1465
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-VOC-NURSE-CONTRACT					
LPN/LVN - FULL TIME	7.2	767	773	N	PROV1470
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-VOC-NURSE-FULL-TIME					
LPN/LVN - PART TIME	7.2	774	780	N	PROV1475
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-VOC-NURSE-PART-TIME					
LTC CROSS REFERENCE PROVIDER #	6	781	786	C	PROV0640
THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.					
COBOL NAME: LTC-CROSS-REF-PROV-NUM					
MEDICAL DIRECTOR - CONTRACT	7.2	787	793	N	PROV0960
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-MED-CONTRACT					

MEDICAL DIRECTOR - FULL TIME	7.2	794	800	N	PROV0965
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-FULL-TIME					
MEDICAL DIRECTOR - PART TIME	7.2	801	807	N	PROV0970
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-PART-TIME					
MEDICATION AIDES/TECHS-CONTRACT	7.2	808	814	N	PROV5180
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MED-AID-CONTRACT					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICATION AIDES/TECHS-FULL TIME	7.2	815	821	N	PROV5170
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME					
MEDICATION AIDES/TECHS-PART TIME	7.2	822	828	N	PROV5175
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-AID-PART-TIME					
MENTAL HEALTH SERVICES - CONTRACT	7.2	829	835	N	PROV0980
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MEN-HLTH-CONTRACT					
MENTAL HEALTH SERVICES - FULL TIME	7.2	836	842	N	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-FULL-TIME					
MENTAL HEALTH SERVICES - PART TIME	7.2	843	849	N	PROV0990
THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-PART-TIME					
MULTI-FACILITY ORGANIZATION NAME	38	850	887	C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.					
COBOL NAME: NAME-MULT-FACL-ORG					
MULTI-FACILITY ORGANIZATION OWNED	1	888	888	C	PROV0675
INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.					
COBOL NAME: MULT-FACL-ORG					
VALUES: Y YES					
NURSE AIDES IN TRNG - CONTRACT	7.2	889	895	N	PROV5165
NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY.					

COBOL NAME: NUM-AID-TRNG-CONTRACT
 NURSE AIDES IN TRNG-FULL TIME 7.2 896 902 N PROV5155
 THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN
 TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-AID-TRNG-FULL-TIME
 NURSE AIDES IN TRNG-PART TIME 7.2 903 909 N PROV5160
 THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN
 TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-AID-TRNG-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NURSES WITH ADMIN DUTIES-CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-ADM-CONTRACT	7.2	910	916	N	PROV5150
NURSES WITH ADMIN DUTIES-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME	7.2	917	923	N	PROV5135
NURSES WITH ADMIN DUTIES-PART TIME NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-ADM-PART-TIME	7.2	924	930	N	PROV5145
OCCUP THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-AID-CONTRACT	7.2	931	937	N	PROV1020
OCCUP THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME	7.2	938	944	N	PROV1025
OCCUP THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME	7.2	945	951	N	PROV1030
OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT	7.2	952	958	N	PROV5195
OCCUP THERAPY ASST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME	7.2	959	965	N	PROV5185
OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME	7.2	966	972	N	PROV5190

OCCUPATIONAL THERAPIST - CONTRACT	7.2	973	979	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUPATIONAL THERAPIST - FULL TIME	7.2	980	986	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-THER-FULL-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUPATIONAL THERAPIST - PART TIME	7.2	987	993	N	PROV1045
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-THER-PART-TIME					
ORGANIZED FAMILY GROUP	1	994	994	C	PROV1535
INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS.					
COBOL NAME: ORG-FAMILY-GRP					
VALUES: Y		YES			
ORGANIZED RESIDENT GROUP	1	995	995	C	PROV1540
INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP.					
COBOL NAME: ORG-RESID-GRP					
VALUES: Y		YES			
OTHER - CONTRACT	7.2	996	1002	N	PROV3265
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.					
COBOL NAME: NUM-OTH-CONTRACT					
OTHER - FULL TIME	7.2	1003	1009	N	PROV3245
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.					
COBOL NAME: NUM-OTH-FULL-TIME					
OTHER - PART TIME	7.2	1010	1016	N	PROV3255
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.					
COBOL NAME: NUM-OTH-PART-TIME					
OTHER ACTIVITIES STAFF-CONTRACT	7.2	1017	1023	N	PROV5270
NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.					
COBOL NAME: NUM-OTH-ACT-CONTRACT					
OTHER ACTIVITIES STAFF-FULL TIME	7.2	1024	1030	N	PROV5260
NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.					
COBOL NAME: NUM-OTH-ACT-FULL-TIME					
OTHER ACTIVITIES STAFF-PART TIME	7.2	1031	1037	N	PROV5305
NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF.					

COBOL NAME: NUM-OTH-ACT-PART-TIME
 OTHER PHYSICIAN - CONTRACT 7.2 1038 1044 N PROV1060
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 UNDER CONTRACT TO A FACILITY
 COBOL NAME: NUM-OTH-PHY-CONTRACT
 OTHER PHYSICIAN - FULL TIME 7.2 1045 1051 N PROV1065
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-FULL-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER PHYSICIAN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OTH-PHY-PART-TIME	7.2	1052	1058	N	PROV1070
OTHR SOCIAL SERV STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT	7.2	1059	1065	N	PROV5300
OTHR SOCIAL SERV STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA L SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME	7.2	1066	1072	N	PROV5290
OTHR SOCIAL SERV STAFF-PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA L SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-PART-TIME	7.2	1073	1079	N	PROV5295
PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-PHAR-CONTRACT	7.2	1080	1086	N	PROV1085
PHARMACISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME	7.2	1087	1093	N	PROV1090
PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME	7.2	1094	1100	N	PROV1095
PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT	7.2	1101	1107	N	PROV5210
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME	7.2	1108	1114	N	PROV5200
PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME	7.2	1115	1121	N	PROV5205

PHYSICAL THERAPISTS - CONTRACT 7.2 1122 1128 N PROV1430
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-CONTRACT

PHYSICAL THERAPISTS - FULL TIME 7.2 1129 1135 N PROV1435
 THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 16
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-PART-TIME	7.2	1136	1142	N	PROV1440
PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT	7.2	1143	1149	N	PROV1415
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-AID-FULL-TIME	7.2	1150	1156	N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-AID-PART-TIME	7.2	1157	1163	N	PROV1425
PHYSICIAN EXTENDER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT	7.2	1164	1170	N	PROV3270
PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME	7.2	1171	1177	N	PROV3250
PHYSICIAN EXTENDER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-PART-TIME	7.2	1178	1184	N	PROV3260
PODIATRISTS - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT	7.2	1185	1191	N	PROV1130
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A ACFILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	7.2	1192	1198	N	PROV1135
PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME	7.2	1199	1205	N	PROV1140
PROVIDER BASED FACILITY	1	1206	1206	C	PROV1675

INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER
 BASED.
 COBOL NAME: PROV-BASED-FACILITY
 VALUES: Y HOSPITAL BASED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 17
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
REGISTERED NURSE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT	7.2	1207	1213	N	PROV1150
REGISTERED NURSE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME	7.2	1214	1220	N	PROV1155
REGISTERED NURSE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-REG-NURSE-PART-TIME	7.2	1221	1227	N	PROV1160
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	1228	1237	C	PROV1755
RESCIND SUSPENSION DATE DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT	8	1238	1245	C	PROV1825
RN DIRECTOR OF NURSING - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT	7.2	1246	1252	N	PROV5130
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME	7.2	1253	1259	N	PROV5120
RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME	7.2	1260	1266	N	PROV5140
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT	7.2	1267	1273	N	PROV1170
SOCIAL WORKER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME	7.2	1274	1280	N	PROV1175

SOCIAL WORKER - PART TIME 7.2 1281 1287 N PROV1180
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-SOCIAL-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 18
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-AIDS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS	3	1288	1290	N	PROV0725
SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS	3	1291	1293	N	PROV0730
SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS	3	1294	1296	N	PROV0800
SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS	3	1297	1299	N	PROV0855
SPECIAL CARE BEDS-HEAD TRAUMA THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA. COBOL NAME: NUM-HEAD-TRAUMA-BEDS	3	1300	1302	N	PROV0905
SPECIAL CARE BEDS-HOSPICE THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES. COBOL NAME: NUM-HOSPICE-BEDS	3	1303	1305	N	PROV0920
SPECIAL CARE BEDS-HUNTINGTONS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE COBOL NAME: NUM-HUNTING-DIS-BEDS	3	1306	1308	N	PROV0940
SPECIAL CARE BEDS-SPEC REHAB THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS. COBOL NAME: NUM-SPEC-REHAB-BEDS	3	1309	1311	N	PROV1205
SPECIAL CARE BEDS-VENTILATOR THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESIPIRATORY CARE NEEDS. COBOL NAME: NUM-VENT-RESP-BEDS	3	1312	1314	N	PROV1460
SPEECH PATHOLOGIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SPCH-PATH-CONTRACT	7.2	1315	1321	N	PROV1190
SPEECH PATHOLOGIST - FULL TIME	7.2	1322	1328	N	PROV1195

THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-SPCH-PATH-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEECH PATHOLOGIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SPCH-PATH-PART-TIME	7.2	1329	1335	N	PROV1200
SRV: ACTIVITIES-OFFSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1336	1336	C	PROV3390
SRV: ACTIVITIES-ONSITE-NON RES INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ACT-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1337	1337	C	PROV3385
SRV: ACTIVITIES-ONSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1338	1338	C	PROV3380
SRV: BLOOD ADMIN-OFFSITE-RESIDENTS INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ADM-BLOOD-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1339	1339	C	PROV3525
SRV: BLOOD ADMIN-ONSITE-NONRES INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ADM-BLOOD-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1340	1340	C	PROV3520
SRV: BLOOD ADMIN-ONSITE-RESIDENTS INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-ADM-BLOOD-ON-RES VALUES: N SERVICE IS NOT PROVIDED	1	1341	1341	C	PROV3515

Y

SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 20
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: CLINICAL LAB-OFFSITE-RESIDENT INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1342	1342	C	PROV3495
SRV: CLINICAL LAB-ONSITE-NON RES INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1343	1343	C	PROV3490
SRV: CLINICAL LAB-ONSITE-RESIDENTS INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1344	1344	C	PROV3485
SRV: DENTAL-OFFSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1345	1345	C	PROV3435
SRV: DENTAL-ONSITE-NON RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DENTAL-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1346	1346	C	PROV3430
SRV: DENTAL-ONSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1347	1347	C	PROV3425
SRV: DIETARY-OFFSITE-RESIDENTS INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.	1	1348	1348	C	PROV3345

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 21
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DIETARY-ONSITE-NON RESIDENTS	1	1349	1349	C	PROV3340
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS	1	1350	1350	C	PROV3335
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES	1	1351	1351	C	PROV3535
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES	1	1352	1352	C	PROV3540
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS	1	1353	1353	C	PROV3530
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES	1	1354	1354	C	PROV3465
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES	1	1355	1355	C	PROV3460
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES:	N	SERVICE IS NOT PROVIDED
	Y	SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 22
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: MENTAL HEALTH-ONSITE-RESID	1	1356	1356	C	PROV3455
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES:	N	SERVICE IS NOT PROVIDED
	Y	SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS	1	1357	1357	C	PROV3315
INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-NURSING-OFF-RES

VALUES:	N	SERVICE IS NOT PROVIDED
	Y	SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS	1	1358	1358	C	PROV3310
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES:	N	SERVICE IS NOT PROVIDED
	Y	SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS	1	1359	1359	C	PROV3305
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-NURSING-ON-RES

VALUES:	N	SERVICE IS NOT PROVIDED
	Y	SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS	1	1360	1360	C	PROV3360
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES:	N	SERVICE IS NOT PROVIDED
	Y	SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID	1	1361	1361	C	PROV3355
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES:	N	SERVICE IS NOT PROVIDED
	Y	SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS	1	1362	1362	C	PROV3350
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-OCC-THER-ON-RES

VALUES:	N	SERVICE IS NOT PROVIDED
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Y

SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 23
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: OTH ACTIVITIES-OFFSITE TO RES FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF OFFSITE TO RESIDENTS. COBOL NAME: SP-OTH-ACT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1363	1363	C	PROV5255
SRV: OTH ACTIVITIES-ONSITE NONRES FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO NONRESIDENTS. COBOL NAME: SP-OTH-ACT-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1364	1364	C	PROV5250
SRV: OTH ACTIVITIES-ONSITE RES FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO RESIDENTS. COBOL NAME: SP-OTH-ACT-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1365	1365	C	PROV5245
SRV: OTH SOC SRV-OFFSITE TO RES FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S ERVICES STAFF OFFSITE TO RESIDENTS. COBOL NAME: SP-OTH-SOC-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1366	1366	C	PROV5285
SRV: OTH SOC SRV-ONSITE TO NONRES INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-OTH-SOC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1367	1367	C	PROV5280
SRV: OTH SOC SRV-ONSITE TO RES FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE S STAFF ONSITE TO RESIDENTS. COBOL NAME: SP-OTH-SOC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1368	1368	C	PROV5275
SRV: PHARMACY-OFFSITE-RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1369	1369	C	PROV3330

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHARMACY-ONSITE-NON RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHARMACY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1370	1370	C	PROV3325
SRV: PHARMACY-ONSITE-RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1371	1371	C	PROV3320
SRV: PHYS EXTENDER-OFFSITE-RESID INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1372	1372	C	PROV3300
SRV: PHYS EXTENDER-ONSITE-NON RES INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1373	1373	C	PROV3295
SRV: PHYS EXTENDER-ONSITE-RESIDENT INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1374	1374	C	PROV3290
SRV: PHYS THER-OFFSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1375	1375	C	PROV3375
SRV: PHYS THER-ONSITE-NON RESIDENT INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1376	1376	C	PROV3370

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHYS THER-ONSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1377	1377	C	PROV3365
SRV: PHYSICIAN-OFFSITE-RESIDENTS INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1378	1378	C	PROV3285
SRV: PHYSICIAN-ONSITE-NON RESIDENT INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1379	1379	C	PROV3280
SRV: PHYSICIAN-ONSITE-RESIDENTS INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1380	1380	C	PROV3275
SRV: PODIATRY-OFFSITE-RESIDENTS INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PODIATRY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1381	1381	C	PROV3450
SRV: PODIATRY-ONSITE-NON RESIDENTS INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PODIATRY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1382	1382	C	PROV3445
SRV: PODIATRY-ONSITE-RESIDENTS INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PODIATRY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1383	1383	C	PROV3440

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: SOCIAL WORK-OFFSITE-RESIDENTS INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-MED-SOC-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1384	1384	C	PROV3405
SRV: SOCIAL WORK-ONSITE-NON RESID INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-MED-SOC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1385	1385	C	PROV3400
SRV: SOCIAL WORK-ONSITE-RESIDENTS INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-MED-SOC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1386	1386	C	PROV3395
SRV: SPEECH PATH-OFFSITE-RESIDEN INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1387	1387	C	PROV3420
SRV: SPEECH PATH-ONSITE-NON RESID INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-SPEECH-PH-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1388	1388	C	PROV3415
SRV: SPEECH PATH-ONSITE-RESIDENTS INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1389	1389	C	PROV3410
SRV: THER REC SPEC-OFFSITE TO RES INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1390	1390	C	PROV5225

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: THER REC SPEC-ONSITE-NONRES INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-THER-REC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1391	1391	C	PROV5220
SRV: THER REC SPEC-ONSITE-RESIDENT INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1392	1392	C	PROV5215
SRV: VOCATIONAL-OFFSITE-RESIDENTS INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-VOC-GUID-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1393	1393	C	PROV3480
SRV: VOCATIONAL-ONSITE-NON RESID INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-VOC-GUID-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1394	1394	C	PROV3475
SRV: VOCATIONAL-ONSITE-RESIDENTS INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-VOC-GUID-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1395	1395	C	PROV3470
SRV: XRAY-OFFSITE-RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1396	1396	C	PROV3510
SRV: XRAY-ONSITE-NON RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1397	1397	C	PROV3505

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: XRAY-ONSITE-RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1398	1398	C	PROV3500
THER REC SPEC - CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-CONTRACT	7.2	1399	1405	N	PROV5240
THER REC SPEC - FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-FULL-TIME	7.2	1406	1412	N	PROV5230
THER REC SPEC - PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-PART-TIME	7.2	1413	1419	N	PROV5235

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19 ONLY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 11 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	50	75	124	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00452 UNITED GOVT SERVICES 00454 USG CALIFORNIA 00511 CAHABA 00883 PALMETTO 00952 WPS - ILLINOIS 00953 WPS - MICHIGAN 00954 WI PHYSICIAN SERVICES - MN 01390 AETNA (WASHINGTON) 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31146 NATIONAL HERITAGE INSURANCE	5	125	129	C	PROV0605
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PROVIDER NUMBER 10 166 175 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 4

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE CODE (SSA)	2	182	183	C	PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE
	31	NEW JERSEY
	32	NEW MEXICO
	33	NEW YORK
	34	NORTH CAROLINA
	35	NORTH DAKOTA
	36	OHIO
	37	OKLAHOMA
	38	OREGON
	39	PENNSYLVANIA
	40	PUERTO RICO
	41	RHODE ISLAND
	42	SOUTH CAROLINA
	43	SOUTH DAKOTA
	44	TENNESSEE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
45					TEXAS
46					UTAH

47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
 WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 187 236 C PROV2720
 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
 PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	PRIVATE NON PROFIT
	02	PRIVATE PROPRIETARY
	03	STATE
	04	CITY/TOWN
	05	COUNTY
	06	CITY/COUNTY
	07	OTHER

ZIP CODE 5 260 264 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 270 272 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 273 273 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

BEDS - TOTAL 4 291 294 N PROV0740

TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE
IN NON-PARTICIPATING OR NON-LICENSED AREAS.

COBOL NAME: NUM-BEDS

BEDS - TOTAL CERTIFIED 4 295 298 N PROV0755

NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED
AREAS WITHIN A FACILITY.

COBOL NAME: NUM-CERT-BEDS

COMPLIANCE: LIFE SAFETY CODE 1 356 356 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN
RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 8

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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1	WAIVER RECOMMENDED
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FISCAL YEAR ENDING DATE 4 378 381 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.
 COBOL NAME: FISC-YR-END-DT
 LICENSED PRACT/VOCAT NURSES 7.2 382 388 N PROV0955
 NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR
 VOCATIONAL NURSES EMPLOYED BY A FACILITY.
 COBOL NAME: NUM-LPN-LVN
 PROGRAM PARTICIPATION 1 434 434 C PROV1670
 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,
 MEDICAID, OR BOTH PROGRAMS.
 COBOL NAME: PROG-PARTCI
 VALUES: 2 MEDICAID ONLY

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 470 470 C PROV1545
 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.
 COBOL NAME: OVERRIDE-1
 VALUES: Y RECORD HAS BEEN APPROVED

REGISTERED NURSES 7.2 473 479 N PROV1145
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED
 PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.
 COBOL NAME: NUM-REG-NURS
 COMPLIANCE: BEDS PER ROOM WAIVER 1 672 672 C PROV0225
 INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT
 HAS BEEN RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-BEDS-PER-ROOM
 VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 673 673 C PROV0270
 INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN
 RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-PATIENT-ROOM-SZ
 VALUES: 1 WAIVER RECOMMENDED

PROVIDER BASED FACILITY 1 1206 1206 C PROV1675
 INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER
 BASED.
 COBOL NAME: PROV-BASED-FACILITY
 VALUES: Y DISTINCT PART OF A HOSPITAL, SNF OR ICF

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RELATED PROVIDER NUMBER	10	1228	1237	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					

COBOL NAME: RELATED-PROV-NUM
 RESCIND SUSPENSION DATE 8 1238 1245 C PROV1825
 DATE THAT THE SUSPENSION OF PAYMENTS FOR NEW ADMISSIONS
 TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.
 COBOL NAME: RESC-SUSP-DT
 ADMISSION SUSPENSION DATE 8 1539 1546 C PROV0030
 THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG
 TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE
 SANCTION IS TAKEN AGAINST THE FACILITY.
 COBOL NAME: ADMIN-SUSP-DT
 BEDS - ICF/MR 4 1547 1550 N PROV0945
 NUMBER OF CERTIFIED BEDS IN AN INTERMEDIATE CARE
 FACILITY FOR THE MENTALLY RETARDED.
 COBOL NAME: NUM-ICF-MR-BEDS
 DIRECT CARE PERSONNEL 7.2 1551 1557 N PROV0780
 NUMBER OF FULL-TIME EQUIVALENT DIRECT CARE PERSONNEL
 EMPLOYED BY AN INTERMEDIATE CARE FACILITY FOR THE
 MENTALLY RETARDED.
 COBOL NAME: NUM-DCARE-PERSNL
 LTC AGREEMENT BEGINNING DATE 8 1558 1565 C PROV0620
 THE BEGINNING DATE OF A CERTIFIED LONG TERM CARE FACILI
 TY'S TIME LIMITED AGREEMENT.
 COBOL NAME: LTC-AGREE-BEGIN-DT
 LTC AGREEMENT ENDING DATE 8 1566 1573 C PROV0625
 THE ENDING DATE OF A CERTIFIED LONG TERM CARE
 FACILITY'S TIME LIMITED AGREEMENT.
 COBOL NAME: LTC-AGREE-END-DT
 LTC AGREEMENT EXTENSION DATE 8 1574 1581 C PROV0630
 THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM
 CARE FACILITY'S TIME LIMITED AGREEMENT.
 COBOL NAME: LTC-AGREE-EXT-DT
 PRIOR ADMISSION SUSPENSION DATE 8 1582 1589 C PROV1610
 PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED
 FOR A PROVIDER.
 COBOL NAME: PRIOR-ADMIN-SUSP-DT
 PRIOR LTC END DATE 8 1590 1597 C PROV1630
 THE LAST DATE OF A CERTIFIED LONG TERM CARE
 FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR SURVEY.
 COBOL NAME: PRIOR-LTC-END-DT
 PRIOR LTC EXTENSION DATE 8 1598 1605 C PROV1635
 THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM
 CARE FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR
 SURVEY.
 COBOL NAME: PRIOR-LTC-EXT-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR RESCIND SUSPENSION DATE	8	1606	1613	C	PROV1640
THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF ADMISSIONS TO A LTC FACILITY.					
COBOL NAME: PRIOR-RESC-SUSP-DT					
TOTAL # OF EMPLOYEES	9.2	1614	1622	N	PROV2850
THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE					

OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION
FACILITY.
COBOL NAME: TOT-EMPLOYEES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 RURAL HEALTH CLINICS					
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 12

RURAL HEALTH CLINICS

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS
TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1

COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A

IN COMPLIANCE

B

NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 2

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1
2

ELIGIBLE TO PARTICIPATE
NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
00011 CAHABA
00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)
00060 BLUE CROSS (CONNECTICUT)
00070 BLUE CROSS (DELAWARE)
00090 BLUE CROSS (FLORIDA)
00101 BLUE CROSS (GEORGIA)
00121 HEALTH CARE SERVICE CORPORATION
00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)
00131 ADMINISTAR FEDERAL (CHICAGO)
00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
00150 BLUE CROSS (KANSAS)
00160 BLUE CROSS (KENTUCKY)
00180 BLUE CROSS (MAINE)
00190 BLUE CROSS (MARYLAND)
00200 BLUE CROSS (MASSACHUSETTS)
00210 BLUE CROSS (MICHIGAN)
00220 BLUE CROSS (MINNESOTA)
00230 BLUE CROSS (MISSISSIPPI)
00231 BLUE CROSS (LOUISIANA)
00241 BLUE CROSS (MISSOURI)
00250 BLUE CROSS (MONTANA)
00260 BLUE CROSS (NEBRASKA)
00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 3

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

00280 BLUE CROSS (NEW JERSEY)
00290 BLUE CROSS (NEW MEXICO)
00308 BLUE CROSS (EMPIRE)
00310 BLUE CROSS (NORTH CAROLINA)
00320 BLUE CROSS (NORTH DAKOTA)
00332 COMMUNITY MUTUAL INSURANCE CO
00340 BLUE CROSS (OKLAHOMA)
00350 BLUE CROSS (OREGON)
00351 BLUE CROSS (OREGON) (IDAHO CLAIMS)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620

PROVIDER NUMBER 10 166 175 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE ABBREVIATION	2	180	181	C	PROV3230
STATE ABBREVIATION					
COBOL NAME: STATE-ABBREV					
VALUES: AK					ALASKA
AL					ALABAMA
AR					ARKANSAS
AS					AMERICAN SAMOA
AZ					ARIZONA
CA					CALIFORNIA
CN					CANADA
CO					COLORADO

CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA

WY

WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

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RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA

44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
 WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 187 236 C PROV2720
 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
 PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.
 COBOL NAME: TERM-CD-1
 VALUES: 00 ACTIVE
 01 VOL-MERG,CLOSE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	258	259	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	03	STATE GOVERNMENT
	04	LOCAL GOVERNMENT
	05	FEDERAL GOVERNMENT
	1A	FOR PROFIT INDIVIDUAL
	1B	FOR PROFIT CORPORATION
	1C	FOR PROFIT PARTNERSHIP
	2A	NON PROFIT INDIVIDUAL
	2B	NON PROFIT CORPORATION
	2C	NON PROFIT PARTNERSHIP

ZIP CODE	5	260	264	C	PROV2905
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THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE	2	265	266	C	FIPSTATE
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FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE	3	267	269	C	FIPCNTY
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FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE	3	270	272	C	SSAMSACD
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SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
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SSA MSA SIZE CODE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

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RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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COBOL NAME: WS-SSA-MSA-SIZE-CD

FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
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THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
YEAR.

COBOL NAME: FISC-YR-END-DT

OTHER PERSONNEL	7.2	412	418	N	PROV1075
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THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED
PERSONNEL EMPLOYED BY A FACILITY.

COBOL NAME: NUM-OTHER-PERSNL

PHYSICIAN ASSISTANTS	7.2	427	433	N	PROV1115
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THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS
EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC.

COBOL NAME: NUM-PHYS-ASSIST

FEDERAL PROGRAM SUPPORT	1	1623	1623	C	PROV0480
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INDICATES IF A CLINIC IS RECEIVING SUPPORT FROM A

FEDERAL PROGRAM TO PROVIDE HEALTH SERVICES IN A
MEDICALLY UNDERSERVED AREA OR IN AN AREA WITH A
SHORTAGE OF PRIMARY CARE HEALTH MANPOWER.

COBOL NAME: FED-PROG-SUPPORT

VALUES: N NO
Y YES

NURSE PRACTITIONERS 7.2 1624 1630 N PROV1015

NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS.

COBOL NAME: NUM-NURSE-PRACT

PARENT PROVIDER NUMBER 10 1631 1640 C PROV1560

THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A
PROVIDER IS PART OF AN EXISTING MEDICARE PROVIDER.

COBOL NAME: PARENT-PROV-NUM

PHYSICIANS 7.2 1641 1647 N PROV1110

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED
BY A PROVIDER.

COBOL NAME: NUM-PHYS

TITLE OF FEDERAL PROGRAM 26 1648 1673 C PROV2845

THE NAME OF A FEDERAL PROGRAM WHICH PROVIDES SUPPORT TO
A RURAL HEALTH CLINIC TO PROVIDE SERVICES IN A
MEDICALLY UNDERSERVED AREA OR AN AREA WITH A SHORTAGE
OF PRIMARY CARE HEALTH MANPOWER.

COBOL NAME: TITL-FED-PROGR

VALUES: COMM HLTH PRG (330)COMMUNITY HEALTH PROGRAM (330)
INDIAN HEALTH SERV INDIAN HEALTH SERVICE
MIGRT HLTH PRG (329)MIGRANT HEALTH PROGRAM (329)
NATNL HEALTH SRV DELNATIONAL HEALTH SERVICE DELIVERY PROGRAM
RURAL OUTREACH DEMORURAL OUTREACH DEMO GRANT PROGRAM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 1

PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
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A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
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IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 13 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
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THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS
TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES: 1	ELIGIBLE TO PARTICIPATE				
2	NOT ELIGIBLE TO PARTICIPATE				
FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00011	CAHABA
	00122	HCSC - MICHIGAN
	00452	UNITED GOVT SERVICES
	00454	USG CALIFORNIA
	00510	BLUE SHIELD (ALABAMA)
	00511	CAHABA
	00520	BLUE SHIELD (ARKANSAS)
	00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
	00542	BLUE SHIELD (CALIFORNIA)
	00550	BLUE SHIELD (COLORADO)
	00570	BLUE SHIELD (DELAWARE)
	00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
	00590	BLUE SHIELD (FLORIDA)
	00621	BLUE SHIELD (ILLINOIS)
	00630	BLUE SHIELD (INDIANA)
	00640	BLUE SHIELD (IOWA)
	00650	BLUE SHIELD (KANSAS)
	00655	BLUE SHIELD (KANSAS/NEBRASKA)
	00660	BLUE SHIELD (KENTUCKY)
	00690	BLUE SHIELD (MARYLAND)
	00700	BLUE SHIELD (MASSACHUSETTS)
	00710	BLUE SHIELD (MICHIGAN)
	00720	BLUE SHIELD (MINNESOTA)
	00740	BLUE SHIELD (KANSAS CITY)
	00751	BLUE SHIELD (MONTANA)
	00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
	00780	BLUE SHIELD (TRI-STATE)
	00801	BLUE SHIELD (BUFFALO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 3

PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00803					BLUE SHIELD (EMPIRE)
00805					BLUE SHIELD OF NEW YORK
00820					BLUE SHIELD (NORTH DAKOTA)
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
00910					BLUE SHIELD (UTAH)
00930					BLUE SHIELD (WASHINGTON)
00951					WISCONSIN PHYSICIANS SERVICE
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
00973					BLUE SHIELD (PUERTO RICO)

00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,	10	166	175	C	PROV1680

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT
DC DISTRICT OF COLUMBIA
DE DELAWARE
FL FLORIDA
GA GEORGIA
GU GUAM
HI HAWAII

IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.
COBOL NAME: SSA-STATE
VALUES: 01 ALABAMA

02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				

51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00					ACTIVE
01					VOL-MERG,CLOSE
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.					
COBOL NAME: TYPE-CONTROL					
ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01 COMPREHENSIVE OUTPATIENT					
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.					
COBOL NAME: CATEGORY					
VALUES: 14 COMPREHENSIVE OUTPATIENT REHAB FACILITIES					
CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM					

REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
00011 CAHABA
00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)

00060	BLUE CROSS (CONNECTICUT)
00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280	BLUE CROSS (NEW JERSEY)				
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00366	HIGHMARK MEDICARE SERVICES				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVT SERVICES				
00454	USG CALIFORNIA				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00511	CAHABA				
00883	PALMETTO				

00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	166	175	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	176	176	C	PROV1720

REGION CODE 2 177 178 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 Y YES

STATE ABBREVIATION 2 180 181 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AS AMERICAN SAMOA
 AZ ARIZONA
 CA CALIFORNIA
 CN CANADA
 CO COLORADO
 CT CONNECTICUT
 DC DISTRICT OF COLUMBIA
 DE DELAWARE
 FL FLORIDA
 GA GEORGIA
 GU GUAM
 HI HAWAII
 IA IOWA
 ID IDAHO
 IL ILLINOIS
 IN INDIANA
 KS KANSAS
 KY KENTUCKY
 LA LOUISIANA
 MA MASSACHUSETTS

MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01 ALABAMA
 02 ALASKA
 03 ARIZONA
 04 ARKANSAS
 05 CALIFORNIA
 06 COLORADO
 07 CONNECTICUT
 08 DELAWARE
 09 DISTRICT OF COLUMBIA

10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
 WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 187 236 C PROV2720
 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
 PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.
 COBOL NAME: TERM-CD-1
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00					ACTIVE
01					VOL-MERG,CLOSE
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION
 VALUES: 1 INITIAL
 2 RECERTIFICATION
 3 TERMINATION
 4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.
 COBOL NAME: TYPE-CONTROL
 VALUES: 01 PROPRIETARY
 02 NON PROFIT CHURCH
 03 NON PROFIT OTHER

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
SRV: OCCUPATIONAL THERAPY	1	558	558	C	PROV2270
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-OCCUP-THERAPY					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY EMPLOYEES			
	2	PROVIDED UNDER ARRANGEMENT			
	3	PROVIDED BY INDEPENDENT CONTRACTOR			
SRV: PHYSICAL THERAPY	1	570	570	C	PROV2370
INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICAL-THERAPY					
VALUES:	1	PROVIDED BY EMPLOYEES			
	2	PROVIDED UNDER ARRANGEMENT			
	3	PROVIDED BY INDEPENDENT CONTRACTOR			
SRV: SOCIAL	1	585	585	C	PROV2485
INDICATES HOW SOCIAL SERVICES ARE PROVIDED.					
COBOL NAME: SP-SOCIAL					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY EMPLOYEES			
	2	PROVIDED UNDER ARRANGEMENT OR AGREEMENT			
	3	PROVIDED BY INDEPENDENT CONTRACTOR			
SRV: SPEECH PATHOLOGY	1	586	586	C	PROV2505
INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.					
COBOL NAME: SP-SPEECH-PATH					
VALUES:	0	NOT PROVIDED			

1	PROVIDED BY EMPLOYEES
2	PROVIDED UNDER ARRANGEMENT OR AGREEMENT
3	PROVIDED BY INDEPENDENT CONTRACTOR

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

SRV: NURSING 1 1465 1465 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 10

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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3	COMBINATION
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PARENT PROVIDER NUMBER 10 1631 1640 C PROV1560

THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A PROVIDER IS PART OF AN EXISTING MEDICARE PROVIDER.

COBOL NAME: PARENT-PROV-NUM

PARTICIPATION MEDICARE OPT/SP 1 1674 1674 C PROV1570

INDICATES IF A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY ALSO PARTICIPATES IN MEDICARE AS A PROVIDER OF OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY.

COBOL NAME: PARTIC-OPT-SP

VALUES:	N	NO
	Y	YES

SRV: NURSING #2 1 1675 1675 C PROV6140

INDICATES HOW NURSING SERVICES ARE PROVIDED

COBOL NAME: SP-NURSING-2

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

SRV: NURSING #3 1 1676 1676 C PROV6145

INDICATES HOW NURSING SERVICES ARE PROVIDED

COBOL NAME: SP-NURSING-3

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

SRV: OCCUPATIONAL THERAPY #2 1 1677 1677 C PROV2275

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

VALUES :	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

VALUES:	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICAL THERAPY #3 1 1683 1683 C PROV2380
 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
 COBOL NAME: SP-PHYSICAL-THERAPY-3
 VALUES: 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICIAN 1 1684 1684 C PROV2385
 INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.
 COBOL NAME: SP-PHYSICIAN
 VALUES: 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHYSICIAN #2	1	1685	1685	C	PROV2390
INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICIAN-2					
VALUES: 1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICIAN #3	1	1686	1686	C	PROV2395
INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICIAN-3					
VALUES: 1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL	1	1687	1687	C	PROV2420
INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.					
COBOL NAME: SP-PSYCHOLOGICAL					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #2	1	1688	1688	C	PROV2425
INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.					
COBOL NAME: SP-PSYCHOLOGICAL-2					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #3	1	1689	1689	C	PROV2430
INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.					
COBOL NAME: SP-PSYCHOLOGICAL-3					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY EMPLOYEES

2	PROVIDED UNDER ARRANGEMENT
3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE	1	1690	1690 C	PROV2455
INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.				
COBOL NAME: SP-RESP-CARE				
VALUES: 0	NOT PROVIDED			
1	PROVIDED BY EMPLOYEES			
2	PROVIDED BY ARRANGEMENT OR AGREEMENT			
3	PROVIDED BY INDEPENDENT CONTRACTOR			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: RESPIRATORY CARE #2	1	1691	1691 C	PROV2460
INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.				
COBOL NAME: SP-RESP-CARE-2				
VALUES: 0	NOT PROVIDED			
1	PROVIDED BY EMPLOYEES			
2	PROVIDED UNDER ARRANGEMENT			
3	PROVIDED BY INDEPENDENT CONTRACTOR			

SRV: RESPIRATORY CARE #3	1	1692	1692 C	PROV2465
INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.				
COBOL NAME: SP-RESP-CARE-3				
VALUES: 0	NOT PROVIDED			
1	PROVIDED BY EMPLOYEES			
2	PROVIDED UNDER ARRANGEMENT			
3	PROVIDED BY INDEPENDENT CONTRACTOR			

SRV: SOCIAL #2	1	1693	1693 C	PROV2490
INDICATES HOW SOCIAL SERVICES ARE PROVIDED.				
COBOL NAME: SP-SOCIAL-2				
VALUES: 0	NOT PROVIDED			
1	PROVIDED BY EMPLOYEES			
2	PROVIDED UNDER ARRANGEMENT			
3	PROVIDED BY INDEPENDENT CONTRACTOR			

SRV: SOCIAL #3	1	1694	1694 C	PROV2495
INDICATES HOW SOCIAL SERVICES ARE PROVIDED.				
COBOL NAME: SP-SOCIAL-3				
VALUES: 0	NOT PROVIDED			
1	PROVIDED BY EMPLOYEES			
2	PROVIDED UNDER ARRANGEMENT			
3	PROVIDED BY INDEPENDENT CONTRACTOR			

SRV: SPEECH PATHOLOGY #2	1	1695	1695 C	PROV2510
INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.				
COBOL NAME: SP-SPEECH-PATH-2				
VALUES: 0	NOT PROVIDED			

1	PROVIDED BY EMPLOYEES
2	PROVIDED UNDER ARRANGEMENT
3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY #3 1 1696 1696 C PROV2515
 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-PATH-3
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY EMPLOYEES
 2 PROVIDED UNDER ARRANGEMENT
 3 PROVIDED BY INDEPENDENT CONTRACTOR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
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A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
 NURSING FACILITIES AND HOSPITALS.
 COBOL NAME: CATEGORY-SUBTYPE-IND
 VALUES: 01 AMBULATORY SURGICAL CENTER

CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
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IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
 PROVIDER OR SUPPLIER.
 COBOL NAME: CATEGORY
 VALUES: 15 AMBULATORY SURGICAL CENTERS

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
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THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS
 TAKEN PLACE FOR A PARTICULAR PROVIDER.
 COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
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EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
 COBOL NAME: CHOW-DT

CITY	28	15	42	C	PROV3225
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CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
 COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
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INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.
 COBOL NAME: COMPL-ACCEPT-PLAN-COR
 VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS	1	44	44	C	PROV2715
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INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.
 COBOL NAME: STATUS-COMPL
 VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE

COUNTY CODE	3	45	47	C	PROV2695
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SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CURRENT SURVEY DATE	8	66	73	C	PROV2740
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THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE	1	74	74	C	PROV0455
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INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1	ELIGIBLE TO PARTICIPATE
2	NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME	50	75	124	C	PROV0475
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THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER	5	125	129	C	PROV0605
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A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010	BLUE CROSS (ALABAMA)
00011	CAHABA
00020	BLUE CROSS (ARKANSAS)
00030	BLUE CROSS (ARIZONA)
00040	BLUE CROSS (CALIFORNIA)
00060	BLUE CROSS (CONNECTICUT)
00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)

00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280	BLUE CROSS (NEW JERSEY)				
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00366	HIGHMARK MEDICARE SERVICES				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVT SERVICES				
00454	USG CALIFORNIA				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00510	BLUE SHIELD (ALABAMA)				
00511	CAHABA				
00520	BLUE SHIELD (ARKANSAS)				
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542	BLUE SHIELD (CALIFORNIA)				
00550	BLUE SHIELD (COLORADO)				
00570	BLUE SHIELD (DELAWARE)				
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590	BLUE SHIELD (FLORIDA)				
00621	BLUE SHIELD (ILLINOIS)				
00630	BLUE SHIELD (INDIANA)				
00640	BLUE SHIELD (IOWA)				
00650	BLUE SHIELD (KANSAS)				
00655	BLUE SHIELD (KANSAS/NEBRASKA)				
00660	BLUE SHIELD (KENTUCKY)				

00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MASSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00803	BLUE SHIELD (EMPIRE)				
00805	BLUE SHIELD OF NEW YORK				
00820	BLUE SHIELD (NORTH DAKOTA)				
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)				
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)				
00865	BLUE SHIELD (PENNSYLVANIA)				
00870	BLUE SHIELD (RHODE ISLAND)				
00880	BLUE SHIELD (SOUTH CAROLINA)				
00883	PALMETTO				
00900	BLUE SHIELD (TEXAS)				
00901	TRAILBLAZERS HEALTH ENTERPRISES				
00910	BLUE SHIELD (UTAH)				
00930	BLUE SHIELD (WASHINGTON)				
00951	WISCONSIN PHYSICIANS SERVICE				
00952	WPS - ILLINOIS				
00953	WPS - MICHIGAN				
00954	WI PHYSICIAN SERVICES - MN				
00973	BLUE SHIELD (PUERTO RICO)				
00974	BLUE SHIELD (VIRGIN ISLANDS)				
01010	AETNA (PEORIA)				
01020	AETNA (ALASKA)				
01030	AETNA (ARIZONA)				
01040	AETNA (GEORGIA)				
01120	AETNA (HAWAII)				
01290	AETNA (NEVADA)				
01360	AETNA (NEW MEXICO)				
01370	AETNA (OKLAHOMA)				
01380	AETNA (OREGON)				
01390	AETNA (WASHINGTON)				
02050	OCCIDENTAL (CALIFORNIA)				
05130	EQICOR (IDAHO)				
05440	EQICOR (TENNESSEE)				
05535	EQICOR (NORTH CAROLINA)				
10071	TRAVELERS (RRB)				
10230	TRAVELERS (CONNECTICUT)				
10240	TRAVELERS (MINNESOTA)				
10250	TRAVELERS (MISSISSIPPI)				
10490	TRAVELERS (VIRGINIA)				
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT				
11260	GENERAL AMERICAN				

14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					

COBOL NAME: MEDICAID-VEND-NUM

PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					

COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
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A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER	10	166	175	C	PROV1680
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A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					

COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE	2	177	178	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE					

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
06	VI	DALLAS			
07	VII	KANSAS CITY			
08	VIII	DENVER			
09	IX	SAN FRANCISCO			
10	X	SEATTLE			

SKELETON RECORD INDICATOR 1 179 179 C PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.
COBOL NAME: SKELETON-IND
VALUES: Y YES

STATE ABBREVIATION	2	180	181	C	PROV3230
STATE ABBREVIATION					
COBOL NAME: STATE-ABBREV					
VALUES:	AK	ALASKA			
	AL	ALABAMA			
	AR	ARKANSAS			
	AS	AMERICAN SAMOA			
	AZ	ARIZONA			
	CA	CALIFORNIA			
	CN	CANADA			
	CO	COLORADO			
	CT	CONNECTICUT			
	DC	DISTRICT OF COLUMBIA			
	DE	DELAWARE			
	FL	FLORIDA			
	GA	GEORGIA			
	GU	GUAM			
	HI	HAWAII			
	IA	IOWA			
	ID	IDAHO			
	IL	ILLINOIS			
	IN	INDIANA			
	KS	KANSAS			
	KY	KENTUCKY			
	LA	LOUISIANA			
	MA	MASSACHUSETTS			
	MD	MARYLAND			
	ME	MAINE			
	MI	MICHIGAN			

MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA
NY					NEW YORK
OH					OHIO
OK					OKLAHOMA
OR					OREGON
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01 ALABAMA
 02 ALASKA
 03 ARIZONA
 04 ARKANSAS
 05 CALIFORNIA
 06 COLORADO
 07 CONNECTICUT
 08 DELAWARE
 09 DISTRICT OF COLUMBIA
 10 FLORIDA
 11 GEORGIA
 12 HAWAII

13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
18	KENTUCKY				
19	LOUISIANA				
20	MAINE				
21	MARYLAND				
22	MASSACHUSETTS				
23	MICHIGAN				
24	MINNESOTA				
25	MISSISSIPPI				
26	MISSOURI				
27	MONTANA				
28	NEBRASKA				
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

WITHIN THE STATE WHERE THE FACILITY IS LOCATED
COBOL NAME: STATE-REGION-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP
	5				VALIDATION (ACCRD)
TYPE OF CONTROL	2	258	259	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL					
VALUES:	01				PROPRIETARY
	02				NON PROFIT
	03				GOVERNMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	260	264	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	265	266	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	267	269	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	270	272	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	273	273	C	SSAMSASZ
ACCREDITATION INDICATOR INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER. COBOL NAME: ACCRED-STAT VALUES: 0 NONE 1 JCAHO 2 AAAHC 3 AAAASF 4 AOA	1	290	290	C	PROV0010
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED	1	356	356	C	PROV0240
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	378	381	C	PROV0485
SRV: PHARMACY INDICATES HOW PHARMACY SERVICES ARE PROVIDED. COBOL NAME: SP-PHARMACY VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY 2 PROVIDED THROUGH AN OUTSIDE SOURCE 3 COMBINATION	1	569	569	C	PROV2365
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD	10	1228	1237	C	PROV1755

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
COBOL NAME: RELATED-PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: OTHER INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED. COBOL NAME: SP-OTHER VALUES: N NOT OFFERED Y OFFERED	1	1467	1467	C	PROV2340
DATE CENTER BEGAN PROVIDING SERV THE DATE AN AMBULATORY SURGICAL CENTER (ASC) BEGAN PROVIDING HEALTH CARE SERVICES. COBOL NAME: DT-SERVICE-BEGAN	8	1697	1704	C	PROV0415
FREE STANDING INDICATOR (ASC) INDICATES IF THE AMBULATORY SURGICAL CENTER IS FREE STANDING. THIS INDICATOR IS USED BY SOME STANDARD REPORTS TO GET CERTAIN PROVIDER RANGES. COBOL NAME: FREE-STAND-IND VALUES: Y YES FREE STANDING	1	1705	1705	C	PROV0550
HOSPITAL BASED INDICATOR HOSPITAL BASED INDICATOR COBOL NAME: HOSP-BASED-IND VALUES: 1 HOSPITAL BASED	1	1706	1706	C	PROV0565
OPERATING ROOMS THE NUMBER OF OPERATING ROOMS IN AN AMBULATORY SURGICAL CENTER. COBOL NAME: NUM-OPERATING-ROOMS	2	1707	1708	N	PROV1055
SPEC: CARDIOVASCULAR INDICATES IF CARDIOVASCULAR SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-CARDIOVASCULAR VALUES: N NOT OFFERED Y OFFERED	1	1709	1709	C	PROV2095
SPEC: FOOT INDICATES IF FOOT SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-FOOT VALUES: N NOT OFFERED Y OFFERED	1	1710	1710	C	PROV2145
SPEC: GENERAL INDICATES IF GENERAL SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-GENERAL VALUES: N NOT OFFERED Y OFFERED	1	1711	1711	C	PROV2150

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 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEC: NEUROLOGICAL INDICATES IF NEUROLOGICAL SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-NEUROLOGICAL VALUES: N NOT OFFERED Y OFFERED	1	1712	1712	C	PROV2240
SPEC: OBSTETRICS/GYNECOLOGY INDICATES IF OBSTETRICS/GYNECOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-OBSTETR-GYNECOL VALUES: N NOT OFFERED Y OFFERED	1	1713	1713	C	PROV2260
SPEC: OPTHAMOLOGY INDICATES IF OPTHAMOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-OPHTHAMOLOGY-SURG VALUES: N NOT OFFERED Y OFFERED	1	1714	1714	C	PROV2290
SPEC: ORAL INDICATES IF ORAL SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-ORAL VALUES: N NOT OFFERED Y OFFERED	1	1715	1715	C	PROV2305
SPEC: ORTHOPEDIC INDICATES IF ORTHOPEDIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-ORTHOPEDIC VALUES: N NOT OFFERED Y OFFERED	1	1716	1716	C	PROV2320
SPEC: OTOLARYNGOLOGY INDICATES IF OTOLARYNGOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-OTOLARYRGOLOGY VALUES: N NOT OFFERED Y OFFERED	1	1717	1717	C	PROV2345
SPEC: PLASTIC INDICATES IF PLASTIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-PLASTIC VALUES: N NOT OFFERED Y OFFERED	1	1718	1718	C	PROV2400

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEC: THORACIC INDICATES IF THORACIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-THORACIC VALUES: N NOT OFFERED Y OFFERED	1	1719	1719	C	PROV2525
SPEC: UROLOGY INDICATES IF UROLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-UROLOGY VALUES: N NOT OFFERED Y OFFERED	1	1720	1720	C	PROV2530
SRV: EKG INDICATES IF EKG SERVICES ARE PROVIDED BY AN AMBULATORY SURGICAL CENTER. COBOL NAME: SP-EKG VALUES: 0 NOT PROVIDED 1 PROVIDED DIRECTLY BY THE FACILITY 2 PROVIDED THROUGH AN OUTSIDE SOURCE 3 COMBINATION	1	1721	1721	C	PROV2135
SRV: LABORATORY INDICATES HOW LABORATORY SERVICES ARE PROVIDED. COBOL NAME: SP-LABORATORY VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY 2 PROVIDED THROUGH AN OUTSIDE SOURCE 3 COMBINATION	1	1722	1722	C	PROV2200
SRV: RADIOLOGY INDICATES HOW RADIOLOGY SERVICES ARE PROVIDED. COBOL NAME: SP-RADIOLOGY VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY 2 PROVIDED THROUGH AN OUTSIDE SOURCE 3 COMBINATION	1	1723	1723	C	PROV2435

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 HOSPICE	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 16 HOSPICES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES:	1	ELIGIBLE TO PARTICIPATE			
	2	NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00011	CAHABA			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	00040	BLUE CROSS (CALIFORNIA)			
	00060	BLUE CROSS (CONNECTICUT)			
	00070	BLUE CROSS (DELAWARE)			
	00090	BLUE CROSS (FLORIDA)			
	00101	BLUE CROSS (GEORGIA)			
	00121	HEALTH CARE SERVICE CORPORATION			
	00122	HCSC - MICHIGAN			
	00123	HCSC OF MICHIGAN			
	00130	BLUE CROSS (INDIANA)			
	00131	ADMINISTAR FEDERAL (CHICAGO)			
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)			
	00150	BLUE CROSS (KANSAS)			
	00160	BLUE CROSS (KENTUCKY)			
	00180	BLUE CROSS (MAINE)			
	00190	BLUE CROSS (MARYLAND)			
	00200	BLUE CROSS (MASSACHUSETTS)			
	00210	BLUE CROSS (MICHIGAN)			
	00220	BLUE CROSS (MINNESOTA)			
	00230	BLUE CROSS (MISSISSIPPI)			
	00231	BLUE CROSS (LOUISIANA)			
	00241	BLUE CROSS (MISSOURI)			
	00250	BLUE CROSS (MONTANA)			
	00260	BLUE CROSS (NEBRASKA)			
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00366					HIGHMARK MEDICARE SERVICES
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)
00450					BLUE CROSS (WISCONSIN)
00452					UNITED GOVT SERVICES
00454					USG CALIFORNIA
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00883					PALMETTO
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
01390					AETNA (WASHINGTON)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31140					NATIONAL HERITAGE (CA)
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31146					NATIONAL HERITAGE INSURANCE
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	166	175	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	176	176	C	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE	2	177	178	C	PROV1725
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES:	1	179	179	C	PROV2045

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT

PAGE: 5

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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Y	YES				
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STATE ABBREVIATION	2	180	181	C	PROV3230
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STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	GA	GEORGIA
	GU	GUAM
	HI	HAWAII
	IA	IOWA
	ID	IDAHO
	IL	ILLINOIS
	IN	INDIANA
	KS	KANSAS
	KY	KENTUCKY
	LA	LOUISIANA
	MA	MASSACHUSETTS
	MD	MARYLAND
	ME	MAINE
	MI	MICHIGAN
	MN	MINNESOTA
	MO	MISSOURI
	MP	SAIPAN
	MS	MISSISSIPPI
	MT	MONTANA
	MX	MEXICO
	NC	NORTH CAROLINA
	ND	NORTH DAKOTA
	NE	NEBRASKA
	NH	NEW HAMPSHIRE
	NJ	NEW JERSEY
	NM	NEW MEXICO
	NV	NEVADA
	NY	NEW YORK
	OH	OHIO
	OK	OKLAHOMA
	OR	OREGON

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA)	2	182	183	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1 VALUES:					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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00	ACTIVE
01	VOL-MERG,CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP
	5	VALIDATION (ACCRD)

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	VOLUNTARY NON-PROFIT - CHURCH
	02	VOLUNTARY NON-PROFIT - PRIVATE
	03	VOLUNTARY NON-PROFIT - OTHER
	04	PROPRIETARY - INDIVIDUAL
	05	PROPRIETARY - PARTNERSHIP
	06	PROPRIETARY - CORPORATION
	07	PROPRIETARY - OTHER
	08	GOVERNMENT - STATE
	09	GOVERNMENT - COUNTY
	10	GOVERNMENT - CITY
	11	GOVERNMENT - CITY-COUNTY
	12	COMBINATION GOV. & NONPROFIT
	13	OTHER

ZIP CODE 5 260 264 C PROV2905
 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 265 266 C FIPSTATE
 FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 267 269 C FIPCNTY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
ACCREDITATION INDICATOR	1	290	290	C	PROV0010
INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER.					
COBOL NAME: ACCRED-STAT					
VALUES:	0				NONE
	1				JCAHO
	2				CHAP
COMPLIANCE: LIFE SAFETY CODE	1	356	356	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES:	1				WAIVER RECOMMENDED
FISCAL YEAR ENDING DATE	4	378	381	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
LICENSED PRACT/VOCAT NURSES	7.2	382	388	N	PROV0955
NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-LPN-LVN					
OTHER PERSONNEL	7.2	412	418	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					
REGISTERED NURSES	7.2	473	479	N	PROV1145
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-REG-NURS					
SRV: OCCUPATIONAL THERAPY	1	558	558	C	PROV2270
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-OCCUP-THERAPY					
VALUES:	0				NOT PROVIDED
	1				PROVIDED BY STAFF
	2				PROVIDED UNDER ARRANGEMENT
	3				COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHYSICAL THERAPY	1	570	570	C	PROV2370
INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.					

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: SPEECH PATHOLOGY 1 586 586 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT OR AGREEMENT
3 COMBINATION

TYPE OF FACILITY 2 593 594 C PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES: 01 HOSPITAL
02 SKILLED NURSING FACILITY
03 NURSING FACILITY
04 HOME HEALTH AGENCY
05 FREESTANDING HOSPICE

RELATED PROVIDER NUMBER 10 1228 1237 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

HOME HEALTH AIDES 7.2 1427 1433 N PROV0910

NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.

COBOL NAME: NUM-HOME-HEALTH-AIDES

SRV: MEDICAL SOCIAL 1 1464 1464 C PROV2220

INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED

COBOL NAME: SP-MEDICAL-SOCIAL

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: NURSING 1 1465 1465 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES: 1 PROVIDED BY STAFF

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

3 COMBINATION

SRV: OTHER 1 1467 1467 C PROV2340

INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED.

COBOL NAME: SP-OTHER

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

TOTAL # OF EMPLOYEES 9.2 1614 1622 N PROV2850
THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE
OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION
FACILITY.

COBOL NAME: TOT-EMPLOYEES

PHYSICIANS 7.2 1641 1647 N PROV1110
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED
BY A PROVIDER.

COBOL NAME: NUM-PHYS

SRV: PHYSICIAN 1 1684 1684 C PROV2385
INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICIAN

VALUES:	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

ACUTE/RESPITE CARE INDICATOR 1 1724 1724 C PROV0015
INDICATES IF THE HOSPICE PROVIDES ACUTE AND/OR RESPITE
SHORT TERM INPATIENT CARE.

COBOL NAME: ACUTE-RESPITE

VALUES:	A	SHORT TERM INPATIENT ACUTE CARE PROV'D IN HSP
	B	SHORT TERM INPATIENT RESPITE CARE PROV IN HSP
	C	ST INPATIENT ACUTE & RESPITE CARE PROV IN HSP

COUNSELORS - STAFF 7.2 1725 1731 N PROV1225
THE NUMBER OF FULL-TIME EQUIVALENT COUNSELORS EMPLOYED
BY A HOSPICE.

COBOL NAME: NUM-STAFF-COUNSL

COUNSELORS - VOLUNTEER 7.2 1732 1738 N PROV1480
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER COUNSELORS
IN A HOSPICE.

COBOL NAME: NUM-VOL-COUNSL

HOME HEALTH AIDES - VOLUNTEER 7.2 1739 1745 N PROV1485
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER HOME
HEALTH AIDES IN A HOSPICE.

COBOL NAME: NUM-VOL-HHA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOMEMAKERS - STAFF	7.2	1746	1752	N	PROV0915
THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS EMPLOYED BY A HOSPICE.					
COBOL NAME: NUM-HOMEMAKERS					

HOMEMAKERS - VOLUNTEER	7.2	1753	1759	N	PROV1490
THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS IN A HOSPICE.					
COBOL NAME: NUM-VOL-HOMEMKR					
LPNS/LVNS - VOLUNTEER	7.2	1760	1766	N	PROV1495
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER LICENSED PRACTICAL/VOCATIONAL NURSES IN A HOSPICE.					
COBOL NAME: NUM-VOL-LPN-LVN					
MEDICAL SOCIAL WORKERS	7.2	1767	1773	N	PROV0975
NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS EMPLOYED BY A HOSPITAL OR HOSPICE.					
COBOL NAME: NUM-MED-SOCIAL-WRKS					
MEDICAL SOCIAL WORKERS - VOLUNTEER	7.2	1774	1780	N	PROV1510
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER MEDICAL SOCIAL WORKERS IN A HOSPICE.					
COBOL NAME: NUM-VOL-SOC-WORK					
PHYSICIANS - VOLUNTEER	7.2	1781	1787	N	PROV1500
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER PHYSICIANS IN A HOSPICE.					
COBOL NAME: NUM-VOL-PHYS					
REGISTERED NURSES - VOLUNTEER	7.2	1788	1794	N	PROV1505
THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER REGISTERED NURSES IN A HOSPICE.					
COBOL NAME: NUM-VOL-REG-NURS					
SRV: COUNSELING	1	1795	1795	C	PROV2115
INDICATES HOW COUNSELING SERVICES ARE PROVIDED BY A HOSPICE.					
COBOL NAME: SP-COUNSELING					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	COMBINATION			
SRV: HOME HEALTH AIDE	1	1796	1796	C	PROV2165
INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY A HOSPICE.					
COBOL NAME: SP-HOME-HEALTH-AIDE					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	COMBINATION			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: HOMEMAKER	1	1797	1797	C	PROV2170
INDICATES HOW HOMEMAKER SERVICES ARE PROVIDED BY A HOSPICE.					
COBOL NAME: SP-HOMEMAKER					
VALUES:	0	NOT PROVIDED			

1	PROVIDED BY STAFF
2	PROVIDED UNDER ARRANGEMENT
3	COMBINATION

SRV: MEDICAL SUPPLIES 1 1798 1798 C PROV2225

INDICATES HOW MEDICAL SUPPLIES SERVICES ARE PROVIDED BY
A HOSPICE.

COBOL NAME: SP-MEDICAL-SUPPLIES

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

SRV: SHORT TERM INPATIENT CARE 1 1799 1799 C PROV2480

INDICATES HOW SHORT TERM INPATIENT CARE SERVICES ARE
PROVIDED BY A HOSPICE.

COBOL NAME: SP-SHORT-TERM-INCARE

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

VOLUNTEERS - OTHER 7.2 1800 1806 N PROV1080

THE NUMBER OF FULL-TIME EQUIVALENT OTHER VOLUNTEERS IN
A HOSPICE.

COBOL NAME: NUM-OTHER-VOLS

VOLUNTEERS - TOTAL 9.2 1807 1815 N PROV2860

THE NUMBER OF FULL-TIME VOLUNTEERS IN A HOSPICE.

COBOL NAME: TOT-VOLS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
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A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES:	01	ORGAN PROCUREMENT
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CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 17	2	3	4	C	PROV0075
ORGAN PROCUREMENT ORGANIZATIONS					
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1	1	43	43	C	PROV0220
COMPLIANCE BASED ON ACCEPTABLE POC					
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM	10	48	57	C	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	C	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN	1	74	74	C	PROV0455

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES:	1	ELIGIBLE TO PARTICIPATE
	2	NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 3

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)

00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00366	HIGHMARK MEDICARE SERVICES
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					

PRIOR CHANGE OF OWNERSHIP 8 153 160 C PROV1615

THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER 5 161 165 C PROV1620

A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 166 175 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA

CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT

WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

1DATE: 04/03/2006

POS RECORD LAYOUT

PAGE: 7

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29					NEVADA
30					NEW HAMPSHIRE
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO

41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00					ACTIVE
01					VOL-MERG,CLOSE
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE					

FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION	1	257	257	C	PROV2880
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IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	3	TERMINATION

TYPE OF CONTROL	2	258	259	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.
 COBOL NAME: TYPE-CONTROL

ZIP CODE	5	260	264	C	PROV2905
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THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.
 COBOL NAME: ZIP-CD

FIPS STATE CODE	2	265	266	C	FIPSTATE
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FIPS STATE CODE
 COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE	3	267	269	C	FIPCNTY
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FIPS COUNTY CODE
 COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE	3	270	272	C	SSAMSACD
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SSA MSA CODE
 COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
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SSA MSA SIZE CODE
 COBOL NAME: WS-SSA-MSA-SIZE-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
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A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
 NURSING FACILITIES AND HOSPITALS.
 COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES:	01	COMMUNITY MENTAL HEALTH CENTERS
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CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
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IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
 PROVIDER OR SUPPLIER.
 COBOL NAME: CATEGORY

VALUES:	19	COMMUNITY MENTAL HEALTH CENTERS
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CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
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THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

TAKEN PLACE FOR A PARTICULAR PROVIDER.
 COBOL NAME: CHOW-CNT
 CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100
 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
 COBOL NAME: CHOW-DT
 CITY 28 15 42 C PROV3225
 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
 COBOL NAME: CITY
 COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.
 COBOL NAME: COMPL-ACCEPT-PLAN-COR
 VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC
 COMPLIANCE: STATUS 1 44 44 C PROV2715
 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.
 COBOL NAME: STATUS-COMPL
 VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE
 COUNTY CODE 3 45 47 C PROV2695
 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.
 COBOL NAME: SSA-COUNTY
 CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.	50	75	124	C	PROV0475

COBOL NAME: FACILITY-NAME
 INTERMEDIARY NUMBER 5 125 129 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00011	CAHABA
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280					BLUE CROSS (NEW JERSEY)
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00366					HIGHMARK MEDICARE SERVICES
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)

00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVT SERVICES
00454	USG CALIFORNIA
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-	10	166	175	C	PROV1680

SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
COBOL NAME: PROV-NUM

RECORD TYPE 1 176 176 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT
DC DISTRICT OF COLUMBIA
DE DELAWARE
FL FLORIDA
GA GEORGIA
GU GUAM
HI HAWAII

IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.
COBOL NAME: SSA-STATE
VALUES: 01 ALABAMA

02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				

51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATE REGION CODE	3	184	186	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED. COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	257	257	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION					
VALUES:	1	INITIAL			
	3	TERMINATION			
TYPE OF CONTROL	2	258	259	C	PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	PROPRIETARY
	02	CHURCH RELATED
	03	NONPROFIT CORPORATION
	04	OTHER NONPROFIT
	05	STATE
	06	LOCAL
	07	FEDERAL

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RELATED PROVIDER NUMBER	10	1228	1237	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 FEDERALLY QUALIFIED HEALTH CENTERS	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 21 FEDERALLY QUALIFIED HEALTH CENTERS	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
 WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
 THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 50 75 124 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 125 129 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
 00011 CAHABA
 00020 BLUE CROSS (ARKANSAS)
 00030 BLUE CROSS (ARIZONA)

00040	BLUE CROSS (CALIFORNIA)
00060	BLUE CROSS (CONNECTICUT)
00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280	BLUE CROSS (NEW JERSEY)				
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00366	HIGHMARK MEDICARE SERVICES				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVT SERVICES				
00454	USG CALIFORNIA				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00511	CAHABA				

00883	PALMETTO
00952	WPS - ILLINOIS
00953	WPS - MICHIGAN
00954	WI PHYSICIAN SERVICES - MN
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	130	144	C	PROV0655
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	145	152	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	153	160	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	161	165	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	166	175	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING	1	176	176	C	PROV1720

W

WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01	I BOSTON
02	II NEW YORK
03	III PHILADELPHIA
04	IV ATLANTA
05	V CHICAGO
06	VI DALLAS
07	VII KANSAS CITY
08	VIII DENVER
09	IX SAN FRANCISCO
10	X SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND

ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.
COBOL NAME: SSA-STATE
VALUES: 01 ALABAMA
02 ALASKA
03 ARIZONA
04 ARKANSAS
05 CALIFORNIA
06 COLORADO
07 CONNECTICUT
08 DELAWARE
09 DISTRICT OF COLUMBIA
10 FLORIDA

11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
 WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 187 236 C PROV2720
 STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
 PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: STREET-ADDRESS

TELEPHONE NUMBER 10 237 246 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 247 248 C PROV4770
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.
 COBOL NAME: TERM-CD-1
 VALUES: 00 ACTIVE
 01 VOL-MERG,CLOSE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 249 256 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE
 FACILITY WAS TERMINATED.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION
 VALUES: 1 INITIAL
 3 TERMINATION

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.
 COBOL NAME: TYPE-CONTROL
 VALUES: 01 RELIGIOUS AFFILIATION
 02 PRIVATE
 03 OTHER
 04 PROPRIETARY
 05 GOVERNMENT - STATE/COUNTY
 06 GOVERNMENT - COMB. GOVT & VOL.

ZIP CODE	5	260	264	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	265	266	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	267	269	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	270	272	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	273	273	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RELATED PROVIDER NUMBER	10	1228	1237	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
FEDERALLY FUNDED HEALTH CENTER	1	1816	1816	C	PROV3710
INDICATED WHETHER THIS FQHC IS FEDERALLY FUNDED.					
COBOL NAME: FED-FUNDED-FFHC					
VALUES: N					NO
Y					YES
FQHC APPROVED RHC PROVIDER #	6	1817	1822	C	PROV3705
APPROVED FQHC'S RELATED RHC PROVIDER NUMBER.					
COBOL NAME: APPROVED-RHC-PROV-NUM					
FQHC APPROVED RURAL HEALTH CLINIC	1	1823	1823	C	PROV3700
INDICATES IF THE FQHC WAS A MEDICARE CERTIFIED RURAL HEALTH CLINIC.					
COBOL NAME: APPROVED-MEDICARE-RHC					
VALUES: N					NO
Y					YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 1
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 CLIA88 LABORATORY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 22 CLIA88 LABORATORIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.	1	44	44	C	PROV2715

VALUES: A
 B

IN COMPLIANCE
NOT IN COMPLIANCE

COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 2
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES:	1	ELIGIBLE TO PARTICIPATE			
	2	NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	50	75	124	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	125	129	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00011	CAHABA			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	00040	BLUE CROSS (CALIFORNIA)			
	00060	BLUE CROSS (CONNECTICUT)			
	00070	BLUE CROSS (DELAWARE)			
	00090	BLUE CROSS (FLORIDA)			
	00101	BLUE CROSS (GEORGIA)			
	00121	HEALTH CARE SERVICE CORPORATION			
	00122	HCSC - MICHIGAN			
	00123	HCSC OF MICHIGAN			
	00130	BLUE CROSS (INDIANA)			

00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 3
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00280	BLUE CROSS (NEW JERSEY)				
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00366	HIGHMARK MEDICARE SERVICES				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVT SERVICES				
00454	USG CALIFORNIA				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00510	BLUE SHIELD (ALABAMA)				
00511	CAHABA				
00520	BLUE SHIELD (ARKANSAS)				
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)				
00542	BLUE SHIELD (CALIFORNIA)				
00550	BLUE SHIELD (COLORADO)				
00570	BLUE SHIELD (DELAWARE)				
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)				
00590	BLUE SHIELD (FLORIDA)				
00621	BLUE SHIELD (ILLINOIS)				

00630	BLUE SHIELD (INDIANA)
00640	BLUE SHIELD (IOWA)
00650	BLUE SHIELD (KANSAS)
00655	BLUE SHIELD (KANSAS/NEBRASKA)
00660	BLUE SHIELD (KENTUCKY)
00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MASSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 4
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00803					BLUE SHIELD (EMPIRE)
00805					BLUE SHIELD OF NEW YORK
00820					BLUE SHIELD (NORTH DAKOTA)
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00883					PALMETTO
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
00910					BLUE SHIELD (UTAH)
00930					BLUE SHIELD (WASHINGTON)
00951					WISCONSIN PHYSICIANS SERVICE
00952					WPS - ILLINOIS
00953					WPS - MICHIGAN
00954					WI PHYSICIAN SERVICES - MN
00973					BLUE SHIELD (PUERTO RICO)
00974					BLUE SHIELD (VIRGIN ISLANDS)
01010					AETNA (PEORIA)
01020					AETNA (ALASKA)
01030					AETNA (ARIZONA)
01040					AETNA (GEORGIA)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)

10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31140	NATIONAL HERITAGE (CA)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 5
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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31144	NATIONAL HERITAGE INSURANCE CO
31146	NATIONAL HERITAGE INSURANCE
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

MEDICARE OR MEDICAID VENDOR NUMBER	15	130	144	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
PARTICIPATION DATE	8	145	152	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	153	160	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	161	165	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	166	175	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					
RECORD TYPE	1	176	176	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES: A	ACCEPTED				

D	DELETED
N	NOT-A-LAB
P	PENDING
T	TEMPORARY (CLIA ONLY)
W	WORK

REGION CODE 2 177 178 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 6
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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03	III	PHILADELPHIA
04	IV	ATLANTA
05	V	CHICAGO
06	VI	DALLAS
07	VII	KANSAS CITY
08	VIII	DENVER
09	IX	SAN FRANCISCO
10	X	SEATTLE

SKELETON RECORD INDICATOR 1 179 179 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION 2 180 181 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	FN	FOREIGN
	GA	GEORGIA
	GU	GUAM
	HI	HAWAII
	IA	IOWA
	ID	IDAHO
	IL	ILLINOIS

IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 7
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MS					MISSISSIPPI
MT					MONTANA
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA
NY					NEW YORK
OH					OHIO
OK					OKLAHOMA
OR					OREGON
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 182 183 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01 ALABAMA
 02 ALASKA
 03 ARIZONA
 04 ARKANSAS
 05 CALIFORNIA

06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 8
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
16	IOWA				
17	KANSAS				
18	KENTUCKY				
19	LOUISIANA				
20	MAINE				
21	MARYLAND				
22	MASSACHUSETTS				
23	MICHIGAN				
24	MINNESOTA				
25	MISSISSIPPI				
26	MISSOURI				
27	MONTANA				
28	NEBRASKA				
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
64	AMERICAN SAMOA				

65	GUAM
66	SAIPAN
99	FOREIGN

STATE REGION CODE 3 184 186 C PROV2710
 FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
 WITHIN THE STATE WHERE THE FACILITY IS LOCATED
 COBOL NAME: STATE-REGION-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 9
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STREET ADDRESS	50	187	236	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	237	246	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	247	248	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			
	08	NONPAYMENT OF FEES			
	09	REV/UNSUCCESSFUL PARTICIPATION IN PT			
	10	REV/OTHER REASON			
	11	INCOMPLETE CLIA APPLICATION INFORMATION			
	12	NO LONGER PERFORMING TESTS			
	13	MULTIPLE TO SINGLE SITE CERTIFICATE			
	14	SHARED LABORATORY			
	15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE			
	16	DUPLICATE CLIA NUMBER			
	17	UNDELIVERABLE			
	20	NOTIFICATION BANKRUPTCY			
	33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION			
	99	OIG ACTION - DO NOT ACTIVATE			
TERMINATION DATE/EXPIRATION DATE 1	8	249	256	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. FOR OTHER NON-CLIA PROVIDERS, IT IS THE DATE THE FACILITY WAS TERMINATED.					

COBOL NAME: EXP-DT-1
 TYPE OF ACTION 1 257 257 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION
 VALUES: 1 INITIAL
 2 RECERTIFICATION
 3 TERMINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 10
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
4					CHANGE OF OWNERSHIP
5					CLIA VALIDATION
6					ONSITE SURVEY DUE TO FLEXIBLE SURVEY

TYPE OF CONTROL 2 258 259 C PROV2885
 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
 A PROVIDER OF SERVICES.
 COBOL NAME: TYPE-CONTROL
 VALUES: 01 RELIGIOUS AFFILIATION
 02 PRIVATE
 03 OTHER
 04 PROPRIETARY
 05 GOVERNMENT - CITY
 06 GOVERNMENT - COUNTY
 07 GOVERNMENT - STATE
 08 GOVERNMENT - FEDERAL
 09 GOVERNMENT - OTHER
 10 UNKNOWN

ZIP CODE 5 260 264 C PROV2905
 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.
 COBOL NAME: ZIP-CD
 FIPS STATE CODE 2 265 266 C FIPSTATE
 FIPS STATE CODE
 COBOL NAME: WS-FIPS-STATE
 FIPS COUNTY CODE 3 267 269 C FIPCNTY
 FIPS COUNTY CODE
 COBOL NAME: WS-FIPS-CNTY
 SSA MSA CODE 3 270 272 C SSAMSACD
 SSA MSA CODE
 COBOL NAME: WS-SSA-MSA-CD
 SSA MSA SIZE CODE 1 273 273 C SSAMSASZ
 SSA MSA SIZE CODE
 COBOL NAME: WS-SSA-MSA-SIZE-CD
 FISCAL YEAR ENDING DATE 4 378 381 C PROV0485
 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
 YEAR.
 COBOL NAME: FISC-YR-END-DT
 TYPE OF FACILITY 2 593 594 C PROV2890
 INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF
 FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES:	01	AMBULATORY SURGERY CENTER
	02	COMMUNITY CLINIC
	03	COMPREHENSIVE OUTPATIENT REHAB
	04	ANCILLARY TEST SITE
	05	END STAGE RENAL DISEASE DIALYSIS
	06	HEALTH FAIR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 11
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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07	HEALTH MAINTENANCE ORGANIZATION
08	HOME HEALTH AGENCY
09	HOSPICE
10	HOSPITAL
11	INDEPENDENT
12	INDUSTRIAL
13	INSURANCE
14	INTERM. CARE FACIL. MENTALLY RETARDED
15	MOBILE UNIT
16	PHARMACY
17	SCHOOL/STUDENT HEALTH SERVICE
18	SKILLED NURSING/NURSING FACILITY
19	PHYSICIAN OFFICE
20	OTHER PRACTITIONER
21	TISSUE BANK/REPOSITORIES
22	BLOOD BANKS
23	RURAL HEALTH CLINIC
24	FEDERALLY QUALIFIED HEALTH CENTER
25	AMBULANCE
26	PUBLIC HEALTH LABORATORY
27	OTHER

ACCREDITED BY AAB	1	1824	1824	C	PROV4205
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INDICATES IF THE LAB IS ACCREDITED THE AMERICAN
ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS FROM
THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-AABB-IND

VALUES:	X	YES
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ACCREDITED BY AOA	1	1825	1825	C	PROV4200
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INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN
OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS FROM THE
LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-AOA-IND

VALUES:	X	YES
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ACCREDITED BY ASHI	1	1826	1826	C	PROV4225
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INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN
SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS.
THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-ASHI-IND

VALUES:	X	YES
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ACCREDITED BY CAP 1 1827 1827 C PROV4210
 INDICATES IF THE LAB IS ACCREDITED BY THE COLLEGE OF
 AMERICAN PATHOLOGISTS. THIS INFORMATION IS FROM THE
 LABORATORY'S HCFA-116.
 COBOL NAME: ACCRED-CAP-IND
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 12
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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X					YES
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ACCREDITED BY COLA 1 1828 1828 C PROV4215
 INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON
 OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS
 FROM THE LABORATORY'S HCFA-116.
 COBOL NAME: ACCRED-COLA-IND
 VALUES: X YES

ACCREDITED BY JCAHO 1 1829 1829 C PROV4195
 INDICATES IF THE LAB IS ACCREDITED BY THE JOINT
 COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION.
 THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.
 COBOL NAME: ACCRED-JCAHO-IND
 VALUES: X YES

ACCREDITED Y MATCH DATE AABB 8 1830 1837 C PROV5040
 THE DATE THE AMERICAN ASSOCIATION OF BLOOD BANKS
 NOTIFIES HCFA THAT LAB IS ACCREDITED WITH AABB. THE
 EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE
 CERTIFICATE OF ACCREDITATION FEES.
 COBOL NAME: ACCRED-AABB-DT

ACCREDITED Y MATCH DATE AOA 8 1838 1845 C PROV5045
 THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN
 OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED
 BY THE ACCREDITING ORGANIZATION.
 COBOL NAME: ACCRED-AOA-DT

ACCREDITED Y MATCH DATE ASHI 8 1846 1853 C PROV5055
 THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN SOCIETY
 FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS
 INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION
 COBOL NAME: ACCRED-ASHI-DT

ACCREDITED Y MATCH DATE CAP 8 1854 1861 C PROV5060
 THE DATE THE COLLEGE OF AMERICAN PATHOLOGIST NOTIFIES
 HCFA THAT LAB IS ACCREDITED BY CAP. THE EARLIEST Y
 MATCH DATE INITIATES THE BILLING FOR THE CERTIFICATE OF
 ACCREDITATION FEES.
 COBOL NAME: ACCRED-CAP-DT

ACCREDITED Y MATCH DATE COLA 8 1862 1869 C PROV5065
 THE DATE THE COMMISSION ON OFFICE LABORATORY
 ACCREDITATION NOTIFIES HCFA THAT LAB IS ACCREDITED
 WITH COLA. THE EARLIEST Y MATCH DATE INITIATES THE
 BILLING OF THE CERTIFICATE OF ACCREDITATION FEES

COBOL NAME: ACCRED-COLA-DT
 ACCREDITED Y MATCH DATE JCAHO 8 1870 1877 C PROV5070
 THE DATE THE JOINT COMMISSION ON ACCREDITATION OF
 HEALTHCARE ORGANIZATIONS NOTIFIES HCFA THAT LAB IS
 ACCREDITED. THE EARLIEST Y MATCH DATE INITIATES THE
 BILLING OF THE CERTIFICATE OF ACCREDITATION FEES
 COBOL NAME: ACCRED-JCAHO-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 13
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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ACCREDITED Y MATCH IND AAB	1	1878	1878	C	PROV4970
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.					
COBOL NAME: ACCRED-AABB-MATCH-IND					
VALUES: Y YES					

ACCREDITED Y MATCH IND AOA	1	1879	1879	C	PROV4975
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.					
COBOL NAME: ACCRED-AOA-MATCH-IND					
VALUES: Y YES					

ACCREDITED Y MATCH IND ASHI	1	1880	1880	C	PROV4985
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.					
COBOL NAME: ACCRED-ASHI-MATCH-IND					
VALUES: Y YES					

ACCREDITED Y MATCH IND CAP	1	1881	1881	C	PROV4990
INDICATES IF THE LAB IS ACCREDITED BY COLLEGE OF AMERICAN PATHOLOGISTS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.					
COBOL NAME: ACCRED-CAP-MATCH-IND					
VALUES: Y YES					

ACCREDITED Y MATCH IND COLA	1	1882	1882	C	PROV4960
INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.					
COBOL NAME: ACCRED-COLA-MATCH-IND					
VALUES: Y YES					

ACCREDITED Y MATCH IND JCAHO	1	1883	1883	C	PROV4995
INDICATES IF LAB IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITAION OF HEALTHCARE ORGANIZATIONS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.					
COBOL NAME: ACCRED-JCAHO-MATCH-IND					
VALUES: Y YES					

AFFILIATED PROVIDER #1	10	1884	1893	C	PROV4240
AFFILIATED PROVIDER #1					
COBOL NAME: AFFIL-PROV-NUM-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 14
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
AFFILIATED PROVIDER #2	10	1894	1903	C	PROV4245
AFFILIATED PROVIDER #2					
COBOL NAME: AFFIL-PROV-NUM-2					
AFFILIATED PROVIDER #3	10	1904	1913	C	PROV4250
AFFILIATED PROVIDER #3					
COBOL NAME: AFFIL-PROV-NUM-3					
AFFILIATED PROVIDER #4	10	1914	1923	C	PROV4255
AFFILIATED PROVIDER #4					
COBOL NAME: AFFIL-PROV-NUM-4					
AFFILIATED PROVIDER #5	10	1924	1933	C	PROV4260
AFFILIATED PROVIDER #5					
COBOL NAME: AFFIL-PROV-NUM-5					
AFFILIATED PROVIDER #6	10	1934	1943	C	PROV4265
AFFILIATED PROVIDER #6					
COBOL NAME: AFFIL-PROV-NUM-6					
AFFILIATED PROVIDER #7	10	1944	1953	C	PROV4270
AFFILIATED PROVIDER #7					
COBOL NAME: AFFIL-PROV-NUM-7					
AFFILIATED PROVIDER #8	10	1954	1963	C	PROV4275
AFFILIATED PROVIDER #8					
COBOL NAME: AFFIL-PROV-NUM-8					
APPLICATION ACCRED ANNUAL TEST VOL	9	1964	1972	N	PROV4390
ACCREDITED ANNUAL TEST VOLUME. THIS FIELD IS CALCULATED					
USING THE CLIA APPLICATION DATA.					
COBOL NAME: APPL-ACCR-ANN-TEST-VOL					
APPLICATION ACCRED SCHEDULE CODE	1	1973	1973	C	PROV4365
ACCREDITATION SCHEDULE CODE. THIS SCHEDULE IS FIGURED					
USING THE CLIA APPLICATION DATA.					
COBOL NAME: APPL-ACCRED-SCHED-CD					
VALUES:	A	SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)			
	B	SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)			
	C	SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)			
	D	SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)			
	E	SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)			
	F	SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)			
	G	SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)			
	H	SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)			
	I	SPEC COUNT > 0 (500,001 TO 1,000,000 TOT. VOL.)			
	J	SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)			
	V	TOTAL VOLUME: 1 TO 2,000			
APPLICATION RECEIVED DATE	8	1974	1981	C	PROV4340
APPLICATION RECEIVED DATE. THE DATE THE APPLICATION WAS					
ADDED OR THE 109 DATA WAS UPDATED WITH APPLICATION DATA					
COBOL NAME: APPL-RECEIVED-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 15
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
APPLICATION TOTAL ANNUAL TEST VOL APPLICATION TOTAL ANNUAL TEST VOLUME. THIS FIELD IS CALCULATED USING CLIA APPLICATION DATA. COBOL NAME: APPL-TOT-ANN-TEST-VOL	11	1982	1992	N	PROV4325
APPLICATION TYPE THE TYPE OF CLIA CERTIFICATE APPLIED FOR BY A LAB COBOL NAME: TYPE-APPLICATION VALUES: 1 COMP 2 WAIV 3 ACCR 4 PPMP	1	1993	1993	C	PROV4695
CERT TYPE CODE # 1 A CODE THAT IDENTIFIES THE TYPE OF LABORATORY CERTIFICATE CURRENTLY IN EFFECT COBOL NAME: CERT-TYPE-CD-1 VALUES: 1 COMPLIANCE 2 WAIVER 3 ACCREDITATION 4 MICROSCOPY 5 PARTIAL ACC 9 REGISTRATION	1	1994	1994	C	PROV3810
CERTIFICATE MAILED DATE 1 CERTIFICATE MAILED DATE 1 COBOL NAME: CERT-MAILED-DT-1	8	1995	2002	C	PROV4700
CLIA CERT. EFFECTIVE DATE # 1 DATE THE CURRENT LABORATORY CERTIFICATE IS EFFECTIVE, DETERMINED BY THE APPROVAL DATE OF THE CERTIFICATE APPLICATION UNLESS OVERRIDDEN. COBOL NAME: EFF-DT-1	8	2003	2010	C	PROV3860
CLIA MEDICARE NUMBER CLIA MEDICARE NUMBER COBOL NAME: CLIA-MEDICARE-NUM	12	2011	2022	C	PROV4885
* CURRENT LABORATORY CLASSIFICATION CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD VALUES: 00 CLIA LABORATORY 05 CLIA EXEMPT 10 VA LABORATORY	2	2023	2024	C	PROV5935
FAX PHONE NUMBER THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF THE LABORATORY OR HOSPITAL COBOL NAME: FAX-NUM	10	2025	2034	C	PROV5800

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
 1DATE: 04/03/2006 POS RECORD LAYOUT PAGE: 16
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
* LABORATORY CLASSIFICATION 1 CLIA LABORATORY CLASSIFICATIN DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-1	2	2035	2036	C	PROV5945
* LABORATORY CLASSIFICATION 10 CLIA LABORTORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-10	2	2037	2038	C	PROV5940
* LABORATORY CLASSIFICATION 2 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-2	2	2039	2040	C	PROV5955
* LABORATORY CLASSIFICATION 3 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-3	2	2041	2042	C	PROV5965
* LABORATORY CLASSIFICATION 4 CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: CLIA-LAB-CLASS-CD-4	2	2043	2044	C	PROV5990
MULTIPLE SITE CERTIFICATE IND INDICATES IF A LAB HAS APPLIED FOR ONE CERTIFICATE FOR MULTIPLE SITES. COBOL NAME: MULTI-SITE-IND VALUES: N NO Y YES	1	2045	2045	C	PROV4175
NON-PROFIT CODE NON-PROFIT CODE INDICATOR COBOL NAME: NON-PROFIT-IND VALUES: N NO Y YES	1	2046	2046	C	PROV4190
NUMBER NON-WAIVED INDIVIDUALS TOTAL NUMBER NON-WAIVED INDIVIDUALS LISTED ON PAGE 4 OF THE HCFA-116. COBOL NAME: TOT-NUM-NON-WAIVED-IND	9	2047	2055	N	PROV4330
NUMBER OF CLINICAL CONSULTANTS NUMBER OF CLINICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-CLIN-CONSULT	4	2056	2059	N	PROV4295
NUMBER OF DIRECTORS NUMBER OF DIRECTORS COBOL NAME: NUM-DIRECTORS	4	2060	2063	N	PROV4290
NUMBER OF GENERAL SUPERVISORS NUMBER OF GENERAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116	4	2064	2067	N	PROV4310

COBOL NAME: NUM-GEN-SUPER

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NUMBER OF LAB SITES THE TOTAL NUMBER OF LAB SITES FOR WHICH A LAB HAS APPLIED FOR A SINGLE CERTIFICATE. COBOL NAME: TOT-NUM-SITES	4	2068	2071	N	PROV4180
NUMBER OF LABS DIRECTLY AFFILIATED NUMBER OF LABORATORIES DIRECTLY AFFILIATED COBOL NAME: NUM-AFFIL-LABS	1	2072	2072	N	PROV4235
NUMBER OF TECHNICAL CONSULTANTS NUMBER OF TECHNICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TECH-CONSULT	4	2073	2076	N	PROV4300
NUMBER OF TECHNICAL SUPERVISORS NUMBER OF TECHNICAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TECH-SUPER	4	2077	2080	N	PROV4305
NUMBER OF TESTING PERSONNEL NUMBER OF TEST PERSONNEL AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TEST-PERSONNEL	4	2081	2084	N	PROV4315
NUMBER WAIVED INDIVIDUALS TOTAL NUMBER OF INDIVIDUALS INVOLVED IN WAIVED LABORATORY TESTING AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA 116 COBOL NAME: TOT-NUM-WAIVED-IND	6	2085	2090	N	PROV4285
* PENDING LABORATORY CLASSIFICATION CLIA LABORATORY CLASSIFICATION DETERMINES IF LAB IS CLIA EXEMPT, VA LABORATORY OR STANDARD LABORATORY COBOL NAME: PEND-CLIA-LAB-CLASS-CD	2	2091	2092	C	PROV5980
PREVIOUSLY REGULATED INDICATOR INDICATES IF THE LABORATORY WAS LICENSED UNDER CLIA 67 OR PARTICIPATED IN THE MEDICARE/MEDICAID PROGRAMS. COBOL NAME: CLIA67-IND VALUES: N NO Y YES	1	2093	2093	C	PROV3610
SHARED LAB CROSS REFERENCE # SHARED LAB CROSS REFERENCE # COBOL NAME: SHARED-LAB-XREF-NUM	10	2094	2103	C	PROV4890
SHARED LAB INDICATOR SHARED LAB INDICATOR COBOL NAME: SHARED-LAB-IND VALUES: Y YES	1	2104	2104	C	PROV4880
SURVEY CERTIFICATE SCHEDULE CODE 1557 CERTIFICATE SCHEDULE CODE. THIS CODE IS SYSTEM GENERATED AND IS BASED ON THE TEST VOLUME AND SPECIAL TIES ENTERED INTO ODIE FOLLOWING THE SURVEY. CLIA FEES ARE BASED ON THE SCHEDULE CODES.	1	2105	2105	C	PROV4470

COBOL NAME: SURV-CERT-SCHED-CD

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

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CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
A	SPEC COUNT < 4	(2,001 TO 10,000	TOT. VOL.)		
B	SPEC COUNT > 3	(2,001 TO 10,000	TOT. VOL.)		
C	SPEC COUNT < 4	(10,001 TO 25,000	TOT. VOL.)		
D	SPEC COUNT > 3	(10,001 TO 25,000	TOT. VOL.)		
E	SPEC COUNT > 0	(25,001 TO 50,000	TOT. VOL.)		
F	SPEC COUNT > 0	(50,001 TO 75,000	TOT. VOL.)		
G	SPEC COUNT > 0	(75,001 TO 100,000	TOT. VOL.)		
H	SPEC COUNT > 0	(100,001 TO 500,000	TOT. VOL.)		
I	SPEC COUNT > 0	(500,001 TO 1,000,000	TOT VOL)		
J	SPEC COUNT > 0	(1,000,001 OR MORE	TOT. VOL.)		
V	TOTAL VOLUME: 1 TO 2,000				

SURVEY COMPLIANCE SCHEDULE CODE 1 2106 2106 C PROV4475
 1557 COMPLIANCE SCHEDULE CODE THIS CODE IS SYSTEM
 GENERATED AND IS BASED ON THE NUMBER OF TESTS AND
 SPECIALTIES ENTERED INTO ODIE FOLLOWING THE SURVEY.
 CLIA FEES ARE BASED ON THE SCHEDULE CODES.
 COBOL NAME: SURV-COMPL-SCHED-CD

VALUES: A	SPEC COUNT < 4	(2,001 TO 10,000	TOT. VOL.)
B	SPEC COUNT > 3	(2,001 TO 10,000	TOT. VOL.)
C	SPEC COUNT < 4	(10,001 TO 25,000	TOT. VOL.)
D	SPEC COUNT > 3	(10,001 TO 25,000	TOT. VOL.)
E	SPEC COUNT > 0	(25,001 TO 50,000	TOT. VOL.)
F	SPEC COUNT > 0	(50,001 TO 75,000	TOT. VOL.)
G	SPEC COUNT > 0	(75,001 TO 100,000	TOT. VOL.)
H	SPEC COUNT > 0	(100,001 TO 500,000	TOT. VOL.)
I	SPEC COUNT > 0	(500,001 TO 1,000,000	TOT VOL)
J	SPEC COUNT > 0	(1,000,001 OR MORE	TOT. VOL.)
V	TOTAL VOLUME: 1 TO 2,000		

SURVEY TEST VOLUME TOTAL 9 2107 2115 N PROV4460
 SURVEY TEST VOLUME TOTAL. THE NUMBER OF TESTS PERFORMED
 ANNUALLY IN A LABORATORY. THIS INFORMATION IS
 COLLECTED AT THE TIME OF THE STATE SURVEY AGENCY
 INSPECTION.
 COBOL NAME: SURV-TOT-ANN-TEST-VOL

TERMINATION CODE	2	2116	2117 C	PROV5805
THE REASON A LABORATORY'S CLIA CERTIFICATE HAS ENDED				
COBOL NAME: TERM-CD				
VALUES: 00	ACTIVE			
01	VOL-MERG,CLOSE			
02	VOL-REIMBURSE			
03	VOL-RISK INVOL			
04	VOL-OTHER			
05	INVOL-FAIL REQ			
06	INVOL-AGREEMNT			
07	OTH-STATUS CHG			
08	NONPAYMENT OF FEES			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006
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 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
09					REV/UNSUCCESSFUL PARTICIPATION IN PT
10					REV/OTHER REASON
11					INCOMPLETE CLIA APPLICATION INFORMATION
12					NO LONGER PERFORMING TESTS
13					MULTIPLE TO SINGLE SITE CERTIFICATE
14					SHARED LABORATORY
15					FAILURE TO RENEW WAIVER PPMP CERTIFICATE
16					DUPLICATE CLIA NUMBER
17					UNDELIVERABLE
20					NOTIFICATION BANKRUPTCY
33					LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
99					OIG ACTION - DO NOT ACTIVATE
TOTAL WAIVED TEST VOL	9	2118	2126	N	PROV4280
TOTAL WAIVED TEST VOLUMES					
COBOL NAME: TOT-ANN-TEST-VOL-WAIVED					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/03/2006

